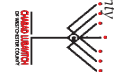




ב"ה



Chabad Lubavitch of Westchester County
Camp Gan Israel
 One Chase Road
 Scarsdale, NY 10583



Address correction requested

NON-PROFIT ORG.
 US POSTAGE
PAID
 PERMIT #1000
 WHITE PLAINS, NY

REGISTER NOW!

CAMP GAN ISRAEL

SUMMER 2012



15 acre campus, White Plains, NY • Ages 2-12
\$399 per week • Full Summer package: \$2,770
Full package includes \$1,000 grant from Chabad Education Fund, and

Free Grand Trip: Disney Orlando
for ages 5-12

Early-Bird Bonus:
Free camp trip to Disney Orlando for one parent
for applications received by March 9

914-722-2770 • camp@ganisraelwestchester.com

Action-packed winter fun

Transform your child's winter break into an exciting and memorable Jewish day camp experience. Gan Israel is known for its high quality program, as well as its nurturing and energetic staff. Our winter program is for boys and girls ages 5 through 12. Parents feel secure knowing that their children's vacation will be spent in a safe and caring environment.

Dates, hours, location:

Monday, February 20 through Friday, February 24.
From 9:30am to 3:30pm (Friday till 1:30pm).
At Chabad: 20 Greenridge Avenue, White Plains, NY.

Our field trips and activities include:

Maritime Aquarium, Imax, Bowling, New York City, Sport Time USA, New Roc City, crafts, drama, music, Challah baking, sports and more.

Send in your application today!

To register, please fill out the enclosed application and mail with camp fee: \$75 daily, \$299 for full program. All fees include trips, hot Kosher lunch, activities and snacks.

For more information:
914-722-2770
camp@ganisraelwestchester.com
www.ganisraelwestchester.com



Enroll now for a winter experience that will last a lifetime...

Complete and return your application with payment for each child to:
Camp Gan Israel, C/O Chabad, One Chase Road, Scarsdale, NY 10583.

Camper's name **1** _____ Attending M T W TH F ALL

M/F _____ Birthday _____ Age _____ Grade _____

Camper's name **2** _____ Attending M T W TH F ALL

M/F _____ Birthday _____ Age _____ Grade _____

School attending _____

Father's Name _____ Business Phone _____

Father's Cell Phone _____ Email _____

Mother's Name _____ Business Phone _____

Mother's Cell Phone _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Check enclosed Please charge my credit card (add 2%)

Credit Card # _____ Exp _____

In case of emergency please contact:

Name _____ Phone _____

Name _____ Phone _____

Specific health notes, if any _____

Doctor's Name _____ Phone _____

In case of emergency, I authorize Camp Gan Israel to take care of my child as the camp sees fit. I further give permission for my child to participate in all activities, and be transported on all trips during the winter camp.

Parent's Signature _____

Date _____

