

We recognize the impact of the economy on all of us. In response, we've extended the camp day to 4pm, have implemented flexible payment options and have limited scholarship assistance available. Regarding financial aid, we understand the sensitivity associated with the application process and hold those conversations in strict confidence. For more information, please contact Marc Jacob, Assistant Executive Director at (703) 537-3025 or MarcJ@jccnv.org.

CAMP NAME	AGE	PAGE	WK 1: 6/22-6/26	WK 2: 6/29-7/3	WK 3: 7/6-7/10	WK 4: 7/13-7/17	WK 5: 7/20-7/24	WK 6: 7/27-7/31	WK 7: 8/3-8/7	WK 8: 8/10-8/14	WK 9: 8/17-8/21	WK 10: 8/24-8/28	BONUS WK: 8/31-9/4
CAMP K'TONA	AGE												
Camp K'tona (Fairfax)	2-4 yrs.	1	x	x	x	x	x	x					
Camp K'tona (Alexandria)	2-4 yrs.	1	x	x	x	x	x	x					
Early Birds AM Day Childcare	2-4 yrs.	9	x	x	x	x	x	x					
Stay and Play PM Childcare	2-4 yrs.	9	x	x	x	x	x	x					
Stay and Play Longer PM Childcare	2-4 yrs.	9	x	x	x	x	x	x					
CAMP ACHVA	GRADE												
Camp Tzofim (Scouts)	K	2	x	x	x	x	x	x					
Camp Chalutzim (Pioneers)	1, 2	3	x	x	x	x	x	x					
Camp Olim (Immigrants)	3, 4	3	x	x	x	x	x						
Camp Omanoot (Art)	3, 4, 5, 6	3	x	x		x							
Camp Al Galgalim (On Wheels)	7, 8, 9	4	x	x	x	x							
Camp Shavuon (Weekly)	3, 4, 5, 6	5											
Brixalot Camp (Lego® Bricks)	3, 4, 5, 6	5	x		x								
Mystifying Magic Camp	3, 4, 5, 6	5	x										
Lights, Camera, Action	3, 4, 5, 6	5		x	x								
Let's Get Cooking	3, 4, 5, 6	5		x									
Clowning Around	3, 4, 5, 6	5				x							
Art Explorations	3, 4, 5, 6	5					x						
Shutterbug Photography	3, 4, 5, 6	5						x					
Mad Science 3-2-1 Blast Off!	3, 4, 5, 6	5							x				
Mad Science Red-Hot Robots	3, 4, 5, 6	5								x			
Mad Science Crime Scene and Chemistry	3, 4, 5, 6	5										x	
Camp Machar (Leaders of Tomorrow)	10	6		x									

CAMP NAME	GRADE	PAGE	WK 1: 6/22-6/26	WK 2: 6/29-7/3	WK 3: 7/6-7/10	WK 4: 7/13-7/17	WK 5: 7/20-7/24	WK 6: 7/27-7/31	WK 7: 8/3-8/7	WK 8: 8/10-8/14	WK 9: 8/17-8/21	WK 10: 8/24-8/28	BONUS WK: 8/31-9/4
CAMP ACHVA (Continued)	GRADE												
Camp Shalom (Peace)		15											
Grades 1-3	1, 2, 3	15	x										
Grades 4-6	4, 5, 6	15			x		x						
Grades 7-8	7, 8	15							x				
Senseational Explorers Camp	6-7 yrs.	15										x	
AM BASE	K-6	6	x	x	x	x	x	x	x	x	x	x	x
PM BASE	K-6	6	x	x	x	x	x	x	x	x	x	x	x
Bus Transportation	K-10	6	x	x	x	x	x	x	x	x			
Summer Vacation BASE (8/31-9/2)	K-6	6											x
SPORTS KEF CLINICS	AGE												
Choreography Clinic	10+ yrs.	16	x										
Sports Mania: Multi-Sports Clinic	Gr. 1-4	16	x										
Dance Clinic	7-12 yrs.	16			x								
Twists, Tumbles & Turns	6-12 yrs.	17					x						
Golden Boot Soccer Player Development	6+ yrs.	17									x	x	x
Dance Nutrition, Strength & Flexibility Training	11+ yrs.	17											x
Summer Swim Stroke Clinic	7-16 yrs.	17											x
AM BASE	K-6	6	x	x	x	x	x	x	x	x	x	x	x
PM BASE	K-6	6	x	x	x	x	x	x	x	x	x	x	x
Bus Transportation	K-10	6	x	x	x	x	x	x	x	x			
Summer Vacation BASE (8/31-9/2)	K-6	6											x

Registration Information and Camp Rules for All Camps

Please read carefully before you complete your camper's registration form.

PRIORITY REGISTRATION: Registrations are processed in the order they are received. Enrollment is on a first-come, first-served basis with priority given to our members. JCCNV family membership must remain active throughout the entire camp session. The Camp Registration form **MUST** be signed and a deposit included and contact and emergency information completed in order to be processed.

If you have questions, call Amit Hickman at (703) 537-3051 or Heidi Palchik at (703) 537-3086 for preschool-aged camp, Karen Stern at (703) 537-3029 for grades K-10 (Camp Achva) or Alicia Ronquillo for Sports Kef Clinics (703) 537-3037. For information on JCCNV membership, please contact the Membership Department at membership@jccnv.org.

REGISTRATION FEE: A \$50 registration fee is assessed per camper, if received by April 3, 2009, it will be waived.

LIMITED ENROLLMENT: Due to Fairfax County licensing, each camp session has a fixed maximum number of campers that can be accommodated. Wait lists will be kept for each camp and session. Parents will be notified if they are put on a wait list. For the safety of our campers, enrollment cannot be expanded beyond capacity. Please register early to ensure your placement. There is a separate wait list for each camp. Slots will be filled as space becomes available per camp. All programs and bus transportation are contingent upon minimum enrollment.

TUITION AND DEPOSITS: Camp tuition and deposits are non-refundable. Be sure you know which session you want before you register. Tuition cannot be prorated for partial camp sessions. Total camp fees are due on May 1, 2009. Invoices paid 15 days late will be charged a 5% late fee. A \$100 deposit per child for one session, plus a \$50 deposit for each additional session is required with each registration. The deposit is applied toward each designated session fee.

FINANCIAL ASSISTANCE: Flexible payment options and limited scholarship assistance is available. If you are in need of financial assistance, please contact Fairfax County Child Care Assistance Program (CCAP) at (703) 324-3556 or if you have questions, call Marc Jacob, JCCNV Assistant Executive Director (703) 537-3025 or MarcJ@jccnv.org. To receive a scholarship, you must be a JCCNV member.

JCCNV CAMP FORMS: All forms **MUST** be received by JUNE 1, 2009. This includes *Proof of Age*. No camper will be able to attend camp unless these forms are on file. **Please** do not bring them the first day. Virginia state licensing does not permit us to accept a child into camp unless current JCCNV forms are on file.

CAMP LIFE: All campers should be able to adjust to camp life, participate in scheduled activities and accept direction from staff. If they are not able to adjust, campers will be asked to withdraw at the discretion of the directors and in consultation with the parents.

CAMP LUNCH: All campers are to bring a dairy or parve (meat free) lunch and a drink each day. Please refer to your parent manual for suggestions.

JCCNV ON-SITE CARPOOL PROCEDURE: Each camper will receive two carpool number cards. Families are required to show these cards when picking up children.

SESSION CHANGES: If a camper wishes to switch camps and space allows, we request a two-day notice prior to the beginning of the session. **A \$25 administrative fee will be charged.**

PAYMENT: Camp fees may be paid by checks made payable to the JCCNV or charged on VISA or MasterCard **ONLY**. All fees are due **May 1, 2009**. A 5% late fee will be added to accounts that are 15 days past due. Flexible payment options and limited scholarship assistance is available. If you are in need of financial assistance, please contact Fairfax County Child Care Assistance Program (CCAP) at (703) 324-3556 or if you have questions, call Marc Jacob, JCCNV Assistant Executive Director (703) 537-3025 or MarcJ@jccnv.org.

HEAD LICE: The JCCNV has a NO-NIT (head lice) policy.

PHOTOS: The JCCNV reserves the right to photograph camp activities for use in publicity and promotional materials. **Please notify us in writing if you do not wish your child's photo to be used.**

2009 Camp Kitona (Preschool) Summer Camp Registration Form

Two ways to SAVE:
 1. BE a member
 2. REGISTER BEFORE APRIL 3
 to waive the \$50
 registration fee

Please complete one form per child. Additional forms are available at the JCCNV front desk or can be downloaded from the website at www.jccnv.org. Please PRINT. This form MUST be filled out completely, signed, and returned with deposit to: **JCCNV • 8900 Little River Turnpike • Fairfax, VA 22031 • Attn: Amit Hickman.**

Child Information:

Last Name: _____ First Name: _____

DOB: _____ Sex: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies (if any, please describe reaction): _____

Child's Physician Name/ Number: _____

Camper T-shirt Size: Child XS (4-6) Child S (6-8) Child M (10-12)

JCCNV Member Number: _____

Parent/Guardian Information:

Parent/ Guardian #1:

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Parent/ Guardian #2:

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Camp Dates	5-Day Option	3-Day Option (MWF) 2s and 3s groups only	Session Total
Session 1: June 22 - July 3	<input type="checkbox"/> Cost: \$557/session <input type="checkbox"/> Discounted JCCNV Member Rate: \$398/session	<input type="checkbox"/> Cost: \$340/session <input type="checkbox"/> Discounted JCCNV Member Rate: \$244/session	\$
Session 2: July 6 - July 17	<input type="checkbox"/> Cost: \$557/ session <input type="checkbox"/> Discounted JCCNV Member Rate: \$398/session	<input type="checkbox"/> Cost: \$340/session <input type="checkbox"/> Discounted JCCNV Member Rate: \$244/session	\$
Session 3: July 20 - July 31	<input type="checkbox"/> Cost: \$557/ session <input type="checkbox"/> Discounted JCCNV Member Rate: \$398/session	<input type="checkbox"/> Cost: \$340/session <input type="checkbox"/> Discounted JCCNV Member Rate: \$244/session	\$
Session 4: August 3 - August 14	<input type="checkbox"/> Cost: \$557/ session <input type="checkbox"/> Discounted JCCNV Member Rate: \$398/session	<input type="checkbox"/> Cost: \$340/session <input type="checkbox"/> Discounted JCCNV Member Rate: \$244/session	\$
Session 5: August 17 - August 21	<input type="checkbox"/> Cost: \$279/ session <input type="checkbox"/> Discounted JCCNV Member Rate: \$199/session	5-day-option only	\$
Camp Site: <input type="checkbox"/> Fairfax <input type="checkbox"/> Alexandria		Camp Summer Total	\$

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2009 Camp K'ona (Preschool) Summer Camp Registration Form

Childcare	Early Birds: 7:30am—9am		Stay and Play: 1pm—4pm		Stay and Play Longer: 4pm—6pm		Session Total
	5-Day Option	3-Day Option (MWF)	5-Day Option	3-Day Option	5-Day Option	3-Day Option (MWF)	
Session 1: June 22–July 3	<input type="checkbox"/> Cost: \$106 <input type="checkbox"/> Member Rate: \$74	<input type="checkbox"/> Cost: \$69 <input type="checkbox"/> Member Rate: \$47	<input type="checkbox"/> Cost: \$212 <input type="checkbox"/> Member Rate: \$148	<input type="checkbox"/> Cost: \$128 <input type="checkbox"/> Member Rate: \$91	<input type="checkbox"/> Cost: \$148 <input type="checkbox"/> Member Rate: \$106	<input type="checkbox"/> Cost: \$91 <input type="checkbox"/> Member Rate: \$64	\$
Session 2: July 6–July 17	<input type="checkbox"/> Cost: \$106 <input type="checkbox"/> Member Rate: \$74	<input type="checkbox"/> Cost: \$69 <input type="checkbox"/> Member Rate: \$47	<input type="checkbox"/> Cost: \$212 <input type="checkbox"/> Member Rate: \$148	<input type="checkbox"/> Cost: \$128 <input type="checkbox"/> Member Rate: \$91	<input type="checkbox"/> Cost: \$148 <input type="checkbox"/> Member Rate: \$106	<input type="checkbox"/> Cost: \$91 <input type="checkbox"/> Member Rate: \$64	\$
Session 3: July 20–July 31	<input type="checkbox"/> Cost: \$106 <input type="checkbox"/> Member Rate: \$74	<input type="checkbox"/> Cost: \$69 <input type="checkbox"/> Member Rate: \$47	<input type="checkbox"/> Cost: \$212 <input type="checkbox"/> Member Rate: \$148	<input type="checkbox"/> Cost: \$128 <input type="checkbox"/> Member Rate: \$91	<input type="checkbox"/> Cost: \$148 <input type="checkbox"/> Member Rate: \$106	<input type="checkbox"/> Cost: \$91 <input type="checkbox"/> Member Rate: \$64	\$
Session 4: August 3–August 14	<input type="checkbox"/> Cost: \$106 <input type="checkbox"/> Member Rate: \$74	<input type="checkbox"/> Cost: \$69 <input type="checkbox"/> Member Rate: \$47	<input type="checkbox"/> Cost: \$212 <input type="checkbox"/> Member Rate: \$148	<input type="checkbox"/> Cost: \$128 <input type="checkbox"/> Member Rate: \$91	<input type="checkbox"/> Cost: \$148 <input type="checkbox"/> Member Rate: \$106	<input type="checkbox"/> Cost: \$91 <input type="checkbox"/> Member Rate: \$64	\$
Session 5: August 17–August 21	<input type="checkbox"/> Cost: \$53 <input type="checkbox"/> Member Rate: \$37	<input type="checkbox"/> Cost: \$35 <input type="checkbox"/> Member Rate: \$24	<input type="checkbox"/> Cost: \$106 <input type="checkbox"/> Member Rate: \$74	<input type="checkbox"/> Cost: \$64 <input type="checkbox"/> Member Rate: \$46	<input type="checkbox"/> Cost: \$74 <input type="checkbox"/> Member Rate: \$53	<input type="checkbox"/> Cost: \$46 <input type="checkbox"/> Member Rate: \$32	\$
Childcare Summer Total							\$

Deposit Information:

A non-refundable deposit must accompany each child's registration. There is a \$100 deposit for one session and \$50 per each additional session. This will be applied towards your total camp fees, which are due by **May 1, 2009**. There will be a 5% late payment fee charged to all accounts more than 15 days late.

\$100/ 1 session • \$150/2 sessions • \$200/3 sessions • \$250/ 4 sessions

Payment Information:

Total Enclosed \$ _____ Check (payable to the JCCNV) VISA MasterCard

Card Number _____ Expiration _____ 3-digit security code _____

PLEASE AUTOMATICALLY CHARGE THIS CARD THE BALANCE ON MAY 1, 2009

Signature _____ Date _____

I have read the Camp Registration information and Camp Rules. I understand that a deposit MUST accompany this form. I understand that camp tuition and deposits are NON-REFUNDABLE. I understand that a late payment fee will be charged if the balance is not paid in full by May 1, 2009.

Signature _____ Date _____

This is your chance to help someone else!

This year scholarship levels are limited. If you would like to help provide another child with a wonderful summer, please note your donation here. \$ _____

Camp Total	\$
Childcare Total	\$
Deposit Amount	\$
\$50 Registration Fee (Waived if application submitted prior to April 3, 2009)	\$
Total Due by May 1, 2009 (camp total + childcare total - deposit)	\$

Camp Achva Registration Form

This form must be filled out completely on BOTH SIDES. Thank you.

Camper's Last Name _____ First Name _____ School Grade as of September 2009: _____

Session/Week	Camp Name Please check the appropriate camp name in the box provided.	BASE Options (AM / PM) AM: \$72M/\$95NM 7:30am-9am PM: \$135M/\$160NM 4pm-6pm	Bus Option Roundtrip: \$140/Session One Way: \$75/Session Minimum 10 campers per stop Bus Stops: Beth El Hebrew Congregation, Congregation Beth Emeth, Etz Hayim Arlington-Fairfax,	Session Total Please refer to the camp's description page for the cost.
Session 1: June 22-July 3	<input type="checkbox"/> Tzofim <input type="checkbox"/> Chalutzim <input type="checkbox"/> Olim <input type="checkbox"/> Omanoot <input type="checkbox"/> Al Galgalim <input type="checkbox"/> Machar <input type="checkbox"/> Shalom <input type="checkbox"/> Shavuon Week 1: Brixalot Camp <input type="checkbox"/> Shavuon Week 2: Magic Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
Session 2: July 6-July 17	<input type="checkbox"/> Tzofim <input type="checkbox"/> Chalutzim <input type="checkbox"/> Olim <input type="checkbox"/> Omanoot <input type="checkbox"/> Al Galgalim <input type="checkbox"/> Machar <input type="checkbox"/> Shalom <input type="checkbox"/> Shavuon Week 3 & 4: Lights, Camera, Action Camp <input type="checkbox"/> Shavuon Week 3: Cooking Camp <input type="checkbox"/> Shavuon Week 4: Brixalot Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
Session 3: July 20-July 31	<input type="checkbox"/> Tzofim <input type="checkbox"/> Chalutzim <input type="checkbox"/> Olim <input type="checkbox"/> Omanoot (4-week session) <input type="checkbox"/> Al Galgalim <input type="checkbox"/> Shalom <input type="checkbox"/> Shavuon Week 5: Clowning Camp <input type="checkbox"/> Shavuon Week 6: Art Exploration Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
Session 4: August 3-Aug 14	<input type="checkbox"/> Tzofim <input type="checkbox"/> Chalutzim <input type="checkbox"/> Olim <input type="checkbox"/> Omanoot (4-week session) <input type="checkbox"/> Al Galgalim <input type="checkbox"/> Shalom <input type="checkbox"/> Shavuon Week 7: Photography Camp <input type="checkbox"/> Shavuon Week 8: 3-2-1 Blast-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
Session 5: August 17-Aug 28	<input type="checkbox"/> Tzofim <input type="checkbox"/> Chalutzim <input type="checkbox"/> Olim <input type="checkbox"/> Sensational Explorers <input type="checkbox"/> Shavuon Week 9: Red Hot Robots <input type="checkbox"/> Shavuon Week 10: Crime Scene & Chemistry	<input type="checkbox"/> AM <input type="checkbox"/> PM	N/A	\$
Summer BASE Vacation Days	<input type="checkbox"/> August 31 <input type="checkbox"/> September 1 <input type="checkbox"/> September 2			\$

Camp Achva Registration Form

Two ways to SAVE:
1. BE A MEMBER
2. REGISTER BEFORE APRIL 3
to WAIVE THE \$50
REGISTRATION FEE

Camper's Last Name _____ First Name _____ T-Shirt Size: Youth: XS S M L
Adults: S M L XL

School Grade as of September 2009: _____ Sex: Male Female Date of Birth: _____

Address: _____ City/State/Zip: _____ Home Phone: _____

Parent's First / Last Name: _____ Parent's Work Phone _____

Cell Phone: _____ E-mail: _____

Parent's First / Last Name: _____ Parent's Work Phone _____

Cell Phone: _____ E-mail: _____

JCCNV Member: Yes Member Number _____ Not a member. Membership Rates apply to JCCNV Members.

REGISTRATION FEE

A \$50 registration fee must accompany each registration. If paid prior to April 3, 2009, the \$50 fee will be waived.

A NON-REFUNDABLE DEPOSIT MUST ACCOMPANY EACH CHILD'S REGISTRATION

\$100 for one session; \$150 for 2 sessions; \$200 for 3 sessions; \$250 for 4 sessions; \$300 for 5 sessions.

This will be applied against your total camp fees which are due by May 1, 2009. There will be a 5% late payment fee charged to all accounts more than 15 days late. New! The registration fee of \$50 per child will be waived if camp registration is received at the JCCNV by April 3, 2009. Complete both sides of this form and return it with your payment to the attention of Karen Stern, Camp/BASE registrar .

REGISTRATION FEE: \$ _____

DEPOSIT AMOUNT: \$ _____

TOTAL PAID: \$ _____

Payment Type: Check (Made payable to the JCCNV.) VISA MasterCard

Card Number: _____ Expiration Date: _____ 3-Digit Security Code on Back of Card: _____

Signature: _____

PLEASE AUTOMATICALLY CHARGE THIS CARD THE BALANCE DUE ON MAY 1, 2009

I have read the Camp Registration Information and Camp Rules. I understand that a deposit must accompany this registration form and that ALL programs are subject to change. I understand that Camp tuition and deposits are non-refundable. I understand that a late payment fee will be charged if the balance is not paid in full by May 1, 2009, or within 15 days of that date. I understand that before my child attends any session of camp, all forms must be filled out and returned before June 1, 2009.

Signature _____

This is your chance to help someone else!
This year scholarship levels are limited. If you would like to help provide another child with a wonderful summer, please note your donation here. \$ _____

Sports Kef Clinics Registration Form

This form must be filled out completely on BOTH SIDES. Thank you.

Camper's Last Name _____ First Name _____ School Grade as of September 2009: _____

Two ways to SAVE:
 1. Be a member
 2. Register before April 3 to waive the \$50 registration fee

Session/Week	Camp Name <small>Please check the appropriate camp name in the box provided.</small>	BASE Options (AM / PM) AM: \$72M/\$95NM 7:30am-9am PM: \$135M/\$160NM 4pm-6pm	Bus Option Roundtrip: \$140/Session One Way: \$75/Session Minimum 10 campers per stop Bus Stops: Beth El Hebrew Congregation, Congregation Beth Emeth, Etz Hayim Arlington-Fairfax,	Session Total Please refer to the camp's description page for the cost.
June 22–June 26	<input type="checkbox"/> Choreography Clinic 190/3DC/CHOSJN22 <input type="checkbox"/> Sports Mania: Multi-Sports Clinic 190/3DC/SMJN22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
July 6–July 17 (Two Weeks)	<input type="checkbox"/> Dance Clinic 190/3DC/DANJY6	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
July 20–July 24	<input type="checkbox"/> Twists, Tumbles & Turns 190/3DC/TTTJY20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM One Way <input type="checkbox"/> PM One Way <input type="checkbox"/> Roundtrip Bus Stop Location: <input type="checkbox"/> BEHC, Alexandria <input type="checkbox"/> CBE, Herndon <input type="checkbox"/> EHAF, Arlington	\$
August 17–August 21	<input type="checkbox"/> Golden Boot Soccer Player Development 190/3DC/SOCAG17	<input type="checkbox"/> AM <input type="checkbox"/> PM	N/A	\$
August 24–August 28	<input type="checkbox"/> Golden Boot Soccer Player Development 190/3DC/SOCAG24 <input type="checkbox"/> Summer Swim Stroke Clinic 191/2SS/AUG24	<input type="checkbox"/> AM <input type="checkbox"/> PM	N/A	\$
August 31–September 4	<input type="checkbox"/> Golden Boot Soccer Player Development 190/3DC/SOCAG31 <input type="checkbox"/> Dance, Nutrition, Strength & Flexibility Training 190/3DN/SFTAG31	<input type="checkbox"/> AM <input type="checkbox"/> PM	N/A	\$

Sports Kef Clinics Registration Form

Camper's Last Name _____ First Name _____ T-Shirt Size: Youth: XS S M L

Adults: S M L XL

School Grade as of September 2009: _____ Sex: Male Female Date of Birth: _____

Address: _____ City/State/Zip: _____ Home Phone: _____

Parent's First / Last Name: _____ Parent's Work Phone _____

Cell Phone: _____ E-mail: _____

Parent's First / Last Name: _____ Parent's Work Phone _____

Cell Phone: _____ E-mail: _____

JCCNV Member: Yes Member Number _____ Not a member. Membership Rates apply to JCCNV Members.

REGISTRATION FEE

A \$50 registration fee must accompany each registration. **If paid prior to April 3, 2009, the \$50 fee will be waived.**

A NON-REFUNDABLE DEPOSIT MUST ACCOMPANY EACH CHILD'S REGISTRATION

\$100 for one session; \$150 for 2 sessions; \$200 for 3 sessions; \$250 for 4 sessions; \$300 for 5 sessions.

This will be applied against your total camp fees which are due by May 1, 2009. There will be a 5% late payment fee charged to all accounts more than 15 days late.

New! The registration fee of \$50 per child will be waived if camp registration is received at the JCCNV by April 3, 2009. Complete both sides of this form and return it with your payment to the attention of Alicia Ronquillo.

REGISTRATION FEE: \$ _____

DEPOSIT AMOUNT: \$ _____

TOTAL PAID: \$ _____

Payment Type: Check (Made payable to the JCCNV.) VISA MasterCard

Card Number: _____ Expiration Date: _____ 3-Digit security code on back of card: _____

Signature: _____

PLEASE AUTOMATICALLY CHARGE THIS CARD THE BALANCE DUE ON MAY 1, 2009

I have read the Clinic Registration Information and Rules. I understand that a deposit must accompany this registration form and that ALL programs are subject to change. I understand that tuition and deposits are non-refundable. I understand that a late payment fee will be charged if the balance is not paid in full by May 1, 2009, or within 15 days of that date. I understand that before my child attends any clinic, all forms must be filled out and returned before June 1, 2009.

Signature _____

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This year scholarship levels are limited. If you would like to help provide another child with a wonderful summer, please note your donation here. \$ _____