



Camp Rodef Shalom

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade as of **Fall 2012** \_\_\_\_\_

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Parent 1 Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2 Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Addresses: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Email, Fax, Mail or drop this to Temple Rodef Shalom Attention: Camp

*Mail:* 2100 Westmoreland St., Falls Church, VA 22043

*Fax:* 703-536-0754

*Email:* [msandler@templerodefshalom.org](mailto:msandler@templerodefshalom.org)

We will email you login information and instructions prior to the February 1 registration date so you may register your child using our online system. Thank you!