



2020 CAMP JOE LEVINE APPLICATION

I am interested in assistance for my child/ren.

Camper's Name	9					Male Fen	nale [Birth Date	Age at camp
						<u> </u>			0 1
Address State					State			Zip	
Parents' Contac	ct Informa	tion:							
NamePhone # (Cell)						(h)			(w)
NamePhone # (0						(h)			
Email(s):									
Camp Joe 1	Γ-Shirt	include	d ! Mark	the size b	elow.				
-						MLXL		XL	_
Week 1: July	9AM-4PM			\$150/Week					
AM Care:	6	7	8	9	10	_ (\$5/Day)			
PM Care:				9		(\$5/Day)		_	
AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.						• • • • •			_
Week 2: July 13-17			9AM-4PM			\$150/Week			
AM Care:	13	14	15	16	17	(\$5/Da	ay)		
PM Care:	13	14	15	16	**	(\$5/Day)		_	
AM care: 8 a.i	m. – 9 a.n	n.; PM care	r: 4 p.m. –	5:30 p.m.		** NO PM	Care on	Fridays	
Week 3: July 20-249AM-4PM						\$150	/Week		
Week 3. July 20-24				AIVI-4FIVI		Ş130 ₁	/ VV CCK	_	
AM Care:	20	21	22	23			• •	_	
PM Care:	20	21	22	23	**	(\$5/Day)			
AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.						** NO PM Care on Fridays			
Sub Total:									
Optional 5 x 7 Camp Picture:					\$3.00				
Sibling Discount:						- \$20.00 \$50.00			
Deposit: Register by Apı	ril 6 th to re	eceive an e	early regis	tration disc	count.	-	- \$50.00		
Early Registration Discount: Total Fees for Camper:						- 10%			
Balance to be p		hy lune 15	5 2020 TI	nank vou					
balance to be p	alu III IUII	by Julie 15	,, 2020. II	iaiik you.					
	P	ay with (Cash or (Check. No	w avai	lable - pay	online -	www.fwjf.	org

PLEASE NOTE: We want all children to have an opportunity to attend camp. Limited assistance is available for campers.

_____Yes/_____No