



CAMP JCA SHALOM

of the Shalom Institute
(818) 889-5500

Mom's Retreat Application



**FRIDAY, MARCH 14 – SUNDAY, MARCH 16, 2008
FOR MOMS ONLY!!!**

Mail completed applications to: 34342 Mulholland Hwy., Malibu, CA 90265....NO FAXES PLEASE!

MOM'S INFORMATION

Mom's First Name:		Mom's Last Name:	
Street Address:		City:	State: Zip:
Home Phone: ()	Home Phone: ()	Email:	
Dietary Restrictions (i.e. vegetarian, etc.):			
Special Occasions (i.e. birthday, anniversary):			
Roommate Request:			
Emergency Contact:	Relationship to Mom:	Home Phone: ()	Work Phone: ()

**** PAYMENT INFORMATION ****

Please note: All rooms are double occupancy. Cost for the all inclusive weekend is \$375.

PAYMENT METHODS... CHECK ONE OF THE FOLLOWING:

CREDIT CARD PAYMENT

() Charge the full amount of \$375 on my Visa or MasterCard. (\$350 if before December 7th.)

ENTER YOUR CREDIT CARD INFO. BELOW:

CHECK or MONEY ORDER
(check payable to The Shalom Institute)

() Enclosed is a check/M.O. for the full amount of \$375 on my Visa or MasterCard. (\$350 if before December 7th.)

PLEASE MAKE CHECK PAYABLE TO THE SHALOM INSTITUTE.

VISA or MASTERCARD # _____ - _____ - _____ - _____ **EXPIRATION DATE:** ____/____/____

Name as it appears on card: _____ Signature: _____

FOR OFFICE USE ONLY:

Date Rec'd: _____ Amount _____ Check #/Visa/MC _____ Par Pack _____ EZ Camp _____ Bunked _____