



CAMP HAVERIM BUS SERVICE IS NOW AVAILABLE FOR NORTHERN ORANGE COUNTY

<p><u>Camp Sessions</u> Mini Camp 1: June 21-25</p> <p>Session 1: June 28– July 16</p> <p>Session 2: July 19– August 6</p> <p>Session 3: August 9– 27</p> <p>Mini Camp 2: Aug. 30– Sept. 3</p> <p><u>Camp Hours</u> 9:00am– 3:30pm</p> <p>Bus Pick-up and Drop Off Time <u>Pick-up</u> Bus Departs at 8:15 a.m.</p> <p><u>Return</u> Bus Returns at 4:30 p.m.</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div> <p>Camp Haverim Bus Service</p> </div> <div style="text-align: right;">  </div> </div> <p>Forget rushing all the way to Irvine to drop off and pick-up your child. Camp Haverim is now offering bus pick-up from Northern Orange County. We will pick-up your camper every morning at our central meeting location at 8:15 a.m. with a trained professional bus driver, an ACA trained staff member, and our very own JCC bus. At the end of the camp day they will return back to the same location at 4:30pm.</p> <p style="text-align: center;">For \$16 a day you will save time and fuel with the J bus picking up and dropping of your child from camp.</p> <p>The Meeting place will be the parking lot of Temple Beth David in Westminster, 6100 Hefley Street, just off the 405.</p> <p><small>*bus service is for three week sessions only. Cannot request certain days of pick-up. Service runs five days a week unless otherwise noted. There is no return service for post care parents are responsible for pick-up.</small></p>
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2010 Bus Transportation Registration Form

Child's Name _____ Grade _____ Parent Name _____

Email: _____ Daytime Phone(____) _____

Address _____ City/State/ Zip _____

Select session for transportation: ___ Session 1 @ \$240(No Pickup 7/5) ___ Session 2 @ \$240 ___ Session 3 @ \$240

TOTAL DUE \$ _____ Check enclosed (payable to JCCOC) Please charge my VISA M/C Amex

Acct No. _____ Name on Card _____

Exp. Date _____ Authorized Signature _____



Mail: Merage JCC of Orange County, One Federation Way, Ste. 200, Irvine, CA 92603 **FAX:** (949) 435-3401

PROGRAM FEES ARE NON-REFUNDABLE *\$25 service charge for returned checks

Input by _____
Date _____

