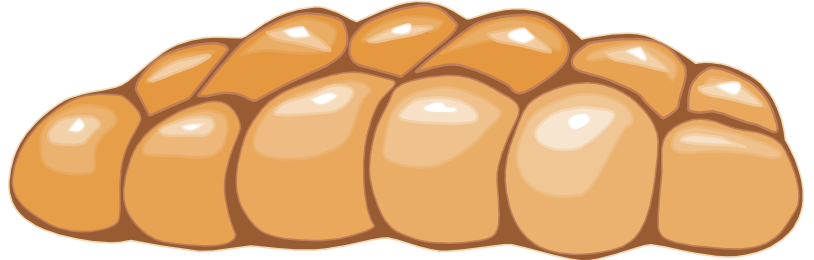




**COST**  
**\$5 EACH**  
**CHALLAH**



CHALLAH WILL BE DISTRIBUTED TO CAMPERS DURING  
SHABBAT EACH FRIDAY

**CAMP HAVERIM CHALLAH ORDER FORM 2011**

Child's Name \_\_\_\_\_ Group \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

**REQUESTED DATES** (Please check all that apply)      **Challahs are \$5 each**

Mini Camp 1: June 24\_\_\_  
 Session 1:    July 1\_\_\_    July 8\_\_\_    July 15\_\_\_  
 Session 2:    July 22\_\_\_    July 29\_\_\_    Aug. 5\_\_\_  
 Session 3:    Aug. 12\_\_\_    Aug. 19\_\_\_    Aug. 26\_\_\_  
 Mini Camp II: Sept. 2\_\_\_

\_\_\_\_\_ Please find my enclosed check for \_\_\_\_\_ challahs.      **TOTAL \$** \_\_\_\_\_

\_\_\_\_\_ Please charge my credit card for \_\_\_\_\_ challahs.      **TOTAL \$** \_\_\_\_\_

Type of Card    VISA    or    M/C      Acct. # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Audra Martin • Camp Haverim Director • audram@jccoc.org • 949-435-3400 x265**  
**Ariella Klein • Asst. Camp Haverim Director • ariellak@jccoc.org • 949-340-3400 x300**