



Please complete and return this form, and note which days you chose for your child.

Please write either an **H** if you'd like the hot lunch scheduled for that day or an **A** if you'd like the alternative lunch for that day (bagel, cream cheese, chips, fruit, drink and dessert.)

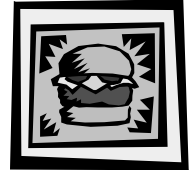
FIELD TRIPS: Please note that on field trips days bag lunches will be provided (**if purchased**) which will include: bagel, cream cheese, chips, fruit, dessert & a drink.

Please be aware: Lunches may contain traces of nuts, the kitchen is **NOT** nut free.

Cost
\$ 6.50 per meal
Meals must be
ordered in
advance.

Camp Haverim Lunch Order Form 2011

Child's Name _____ Camp Unit _____



Mini Camp I (June 20-24)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Session One (June 27-July 15)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Session Two (July 18-Aug. 5)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Session Three (Aug. 8-26)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Mini Camp II (August 29-Sept. 2)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Total of Lunches Ordered _____ **x \$6.50= \$** _____

Payment Method

___ My Check Payable to
JCCOC Is Enclosed

Please charge my:
 ___ AMEX
 ___ Master Card
 ___ Visa

Account Number _____

Expiration Date _____

Authorized Signature _____

Name on Card _____

PROGRAM FEES ARE NON-REFUNDABLE • \$25 SERVICE CHARGE FOR RETURNED CHECKS
 Audra Martin • Camp Haverim Director • audram@jccoc.org • 949-435-3400 x265
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