

Congregation Beth Shalom in Bozeman, in association with Soul Train from Israel, and the Montana Association of Jewish Communities, is pleased to announce our FIRST ever statewide

Montana Jewish Summer Camp for Youth!

Ages 11 years and up

Monday, August 8 – Friday, August 12, 2011

The Summer Camp at Beth Shalom is designed to give young people who are being raised as Jews, from Montana and surrounding areas, an enriching opportunity to learn more about Judaism, Israel and Jewish cultures and traditions, while getting to know youth from other parts of the state, making friends, having fun, and practicing some Hebrew!

Two camp counselors from Soultrain in Israel will facilitate the program, with support from Beth Shalom families. Participants from outside Bozeman will be billeted to stay with the families of Bozeman participants.

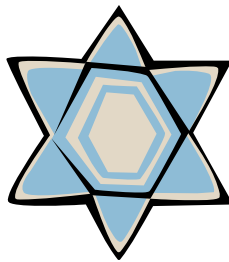
Where: Temple Beth Shalom
2010 W. Koch Street
Bozeman, MT 59718

Cost: \$100 per participant for the day program
\$ 50 contribution towards food and meals

To reserve a place, please complete and return the attached form and your check (payable to Congregation Beth Shalom) by July 1, 2011 to:

Beth Shalom Youth Summer Camp 2011
2010 W. Koch
Bozeman, MT 59718

Questions? Call Jenny Rassaby Ryan at 406 579 3846 or email rassabies@gmail.com.



Camper's name(s): _____

Camper's age(s): _____

Hebrew name(s): _____

Parents' name(s): _____

Address: _____

Phone number(s): _____

Email address: _____

Other emergency contact: _____

Accommodation required? Yes/No

We can provide accommodation for up to _____ participants in our home.

Can you help out? The ability of this camp to go forward depends on the input of volunteers. Please check your availability for:

_____ Donating towards scholarships for participants who cannot afford the full cost of the camp

_____ Shopping for supplies

_____ Setting up and cleaning up at the temple

_____ Meeting (and then later fare welling) our Israeli counselors at the airport

_____ Hosting our Israeli guests in your home for some or all of their stay

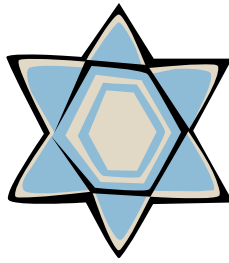
_____ Hosting camp participants from outside Bozeman in your home

_____ Inviting counselors for a visit, taking them out for coffee, taking them to a museum, etc.

_____ Helping at the camp

_____ Other? _____

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SHALOM KIDS SUMMER CAMP PERMISSION AND RELEASE

I hereby grant permission for my child(ren) _____, to attend and participate in Congregation Beth Shalom’s Montana Youth Summer Camp program and to take part in all camp activities. I hereby release and absolve from liability Congregation Beth Shalom and its camp volunteers in the case my child is injured during an activity. I understand that all precautions will be taken to ensure the safety of my child(ren). This permission slip and liability release will be kept on file in the synagogue office.

Parent/Guardian Signature _____

Parent/Guardian Name (pls print) _____

Date _____

Medical Release

This form must be completed for each camp participant, if the participant is not accompanied by a parent or legal guardian.

Camper’s name: _____

In case of emergency, every effort will be made to contact the parent(s) listed below.

In case of emergency, contact me (us) at the number(s) listed below. If I am unable to be reached at those numbers, I hereby authorize medical treatment for my child, as named above, while attending Congregation Beth Shalom Summer Camp June 14-June 18, 2010.

Emergency Notification Instructions:

Name of person to contact: _____

Relationship: _____

Day phone: _____ Cell phone: _____

Alternate contact: _____

Relationship: _____

Day phone: _____ Cell phone: _____

Food/drug allergies and sensitivities:

Please list all, if none, please state so: _____

Physician’s name: _____ phone: _____