

# JEWISH COMMUNITY CENTER - CAMP RISHON

## 2009 Pre-School Camps Registration

- One form per child
- Please print
- All boxes must be completed
- Please read general information before completing this form
- Mailing and billing will be sent to the Camper's address
- Third-party billing will not be done
- Please indicate camp and sessions for your child's camp registration on the right.
- There will be a \$10 fee for any changes made after initial registration

### Register Early to Save Your Spot!

CAMPER		
Last Name	First Name	Age
Address		Birthdate
City	State	Zip
Phone		
Physician		Phone

PARENT #1 / GUARDIAN INFORMATION	
Last Name	First Name
Work Phone	Cell Phone

PARENT #2 / GUARDIAN INFORMATION	
Last Name	First Name
Work Phone	Cell Phone

EMERGENCY CONTACT INFORMATION (Other than parent) MUST BE LOCAL		
Name	Day Phone	Relationship
Name	Day Phone	Relationship

PAYMENT INFORMATION		BILLING SUMMARY	
Are you a JCC member?	Yes    No	Total Camp Fees	
JCC Membership #		Camp Fees 5% Discount (if paid by 4/18)	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Check <input type="checkbox"/> Visa	Subtotal <i>(if applicable)</i>	
Account Number		Early/Late Care Fees	
Cardholder Name		Registration Fee (\$20)	
Expiration Date		Subtotal	
Signature		Deposit (\$35/week)	
		Total Enclosed	
		Balance Due	

Pre-School Camp (Please Circle Which Camp)	
<b>K'Ton Ton 1</b>	Ages between 6/1/07 – 12/2/07
<b>K'Ton Ton 2</b>	Ages between 12/2/06 – 5/31/07
<b>Chaverim</b>	Ages between 12/2/05 – 12/2/06
<b>Yeladim</b>	Ages between 12/2/04 – 12/1/05
<b>Gesher</b>	Ages between 12/2/03 – 12/1/04

Week 1 6/29 – 7/3		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
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Week 2 7/6 – 7/10		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
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Week 3 7/13 – 7/17		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
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Week 4 7/20 – 7/24		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
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Week 5 7/27 – 7/31		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
------------------------------	---------------------------------	---------------------------------	---------------------------------

Week 6 8/3 – 8/7		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
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Week 7 8/10 – 8/14		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
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Week 8 8/17 – 8/21		
<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th

<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6
------------------------------	---------------------------------	---------------------------------	---------------------------------

<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th	
<input type="checkbox"/> 9-1	<input type="checkbox"/> 7:30-1	<input type="checkbox"/> 9-3:45	<input type="checkbox"/> 7:30-6

<b>FOR OFFICE USE ONLY</b>	Group: _____
	Room: _____
	RPM Date: _____

<b>FOR OFFICE USE ONLY</b>	Payment Received _____	Amount _____	Date _____	Initials _____
	Batch # _____	Membership Type _____	Membership # _____	

# JEWISH COMMUNITY CENTER - CAMP RISHON

## 2009 Pre-School Camps Fee Schedule

### Camps K'Ton Ton, Chaverim and Yeladim

	Members	Non-Members
<b>7:30am to 6pm</b>		
5 days/week	\$172.00	\$220.00
3 days/week	\$133.00	\$180.00
2 days/week	\$105.00	\$135.00
<b>9:00am to 3:45pm</b>		
5 days/week	\$145.00	\$195.00
3 days/week	\$105.00	\$140.00
2 days/week	\$ 85.00	\$105.00
<b>7:30am to 1pm</b>		
5 days/week	\$125.00	\$170.00
3 days/week	\$ 90.00	\$115.00
2 days/week	\$ 75.00	\$ 90.00
<b>9:00am to 1pm</b>		
5 days/week	\$115.00	\$140.00
3 days/week	\$ 85.00	\$ 95.00
2 days/week	\$ 70.00	\$ 75.00

### Camp Geshet

	Members	Non-Members
<b>7:30am to 6pm</b>		
5 days/week	\$185.00	\$230.00
3 days/week	\$155.00	\$190.00
2 days/week	\$135.00	\$175.00
<b>9:00am to 3:45pm</b>		
5 days/week	\$165.00	\$205.00
3 days/week	\$140.00	\$173.00
2 days/week	\$100.00	\$120.00
<b>7:30am to 1pm</b>		
5 days/week	\$133.00	\$175.00
3 days/week	\$ 90.00	\$125.00
2 days/week	\$ 80.00	\$ 95.00
<b>9:00am to 1pm</b>		
5 days/week	\$125.00	\$145.00
3 days/week	\$ 90.00	\$100.00
2 days/week	\$ 75.00	\$ 80.00

**FOR OFFICE USE ONLY**

Batch #	Member Type	Member #
Code	Week #	Amount

## Be prepared! Stop by the ECDP office to purchase Delta Sonic Super Kiss and Super Kiss Supreme Carwash tickets

**Super Kiss \$12**  
5 day wash guarantee includes:

- Revitalizer
- Clearcoat polish
- Underspray
- Rust inhibitor
- Brake dust remover
- Gas discount

**Super Kiss Supreme \$19**  
includes everything you get with the Super Kiss PLUS:

- Tires hand dressed
- Vacuum
- Glass polished
- Door jambs
- Dash cream
- Floor mats with Super Foam
- Fragrance



# JEWISH COMMUNITY CENTER - CAMP RISHON

## 2009 School Age and Teen Camp Registration

- One form per child
- Please print
- Complete both sides of this form
- Please read registration and general information before completing this form
- Mailing and billing will be sent to the Camper's address
- Third-party billing will not be done
- \* Many camps have grade and equipment requirements. Please check program descriptions prior to completing registration.

### CAMPER INFORMATION

Last Name	First Name	Age
Address		Sex (circle one) M F
City	State	Zip
Phone	T-Shirt Size (circle one) Youth: (6-8) (10-12) (14-16) Adult: S M L	
Birthdate	School	Grade Entering (2009-10)
Physician	Phone	

### PARENT #1 / GUARDIAN INFORMATION

Last Name	First Name	
Work Phone	Home Phone	Cell Phone
Occupation	Email Address	

### PARENT #2 / GUARDIAN INFORMATION

Last Name	First Name	
Work Phone	Home Phone	Cell Phone
Occupation	Email Address	

### EMERGENCY CONTACT INFORMATION (Other than Parent) MUST BE LOCAL

Name #1	Phone #1	Phone #2	Relationship
Name #2	Phone #1	Phone #2	Relationship

### PERMISSIONS

My son/daughter has my permission to go on field trips during the time camp is in session. I understand that I will be informed of the exact date, time, and destination of each trip in advance of departure. Field trips may be weather permitting. I give permission for my child to go on trips with persons designated by the JCC Camp Director.

My son/daughter has my permission to participate in JCC overnights. Participation is not mandatory and signature does not guarantee participation. Overnights will take place weeks 2, 4, 6, and 8 of camp. Children must be enrolled in camp the week of an overnight in order to participate. Additional charges apply.

I give permission for photographs of my son/daughter to be used in any camp publicity or promotion.

Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### CAMP PRICING (Prices per Week)

<b>Nitzanim</b>	\$143 Members	
	\$185 Non-Members	
<b>CIT</b>	\$ 30 per Week (Must be JCC Family Member)	
<b>SyraCruisin'</b>	\$160 Members*	
	\$210 Non-Members*	
<b>Camp Aide</b>	\$100 per Week (Must be JCC Family Member)	
<b>Specialty Camps</b>	<b>Level A</b>	\$172 Members
		\$224 Non-members
	<b>Level B</b>	\$182 Members
		\$237 Non-members
	<b>Level C</b>	\$197 Members
		\$252 Non-members
<b>Horseback Riding</b>	\$219 Members	
	\$274 Non-members	

\* Sign up for all 8 weeks and receive \$10 off per week!

### How did you hear about us? (Please check the appropriate boxes)

- |   |  |
|---|--|
| <input type="checkbox"/> Friend/neighbor/current member | <input type="checkbox"/> Post Standard                 |
| <input type="checkbox"/> JCC membership mailings        | <input type="checkbox"/> Family Times                  |
| <input type="checkbox"/> Attended camp previously       | <input type="checkbox"/> Syracuse Parent               |
| <input type="checkbox"/> Internet                       | <input type="checkbox"/> Jewish Observer               |
|   | <input type="checkbox"/> Camp Fair                     |
|   | <input type="checkbox"/> Other – Please Explain: _____ |

### EXTRA T-SHIRT ORDER FORM

- Please order my son/daughter extra camp T-shirts.

Number of shirts \_\_\_\_\_

Size: (circle one) Youth: (6-8) (10-12) (14-16)  
Adult: S M L

Enclosed, please find \$8.00 for each T-shirt ordered.  
**Remember - Every camper will receive a free T-shirt at the start of his/her first session.**

**FOR OFFICE USE ONLY**

Payment Received \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_  
Batch # \_\_\_\_\_ Membership Type \_\_\_\_\_ Membership # \_\_\_\_\_

Please complete both sides of this form and return to the JCC

# JEWISH COMMUNITY CENTER - CAMP RISHON

## 2009 School Age and Teen Camp Registration

Camper First & Last Name \_\_\_\_\_

Week 1 (6/29-7/3)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Basketball – Beg. (A)	<input type="checkbox"/> Culinary (B)
<input type="checkbox"/> Flag Football (B)	<input type="checkbox"/> Horseback 2 <sup>nd</sup> Grade & Up
<input type="checkbox"/> Ceramics (A)	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care
Week 2 (7/6-7/10)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Baseball – Adv. (B)	<input type="checkbox"/> Rock Climbing 1 <sup>st</sup> – 3 <sup>rd</sup> Grade (B)
<input type="checkbox"/> Crafty Critters (A)	<input type="checkbox"/> Gymnastics (A)
<input type="checkbox"/> Kitchen Science 1 <sup>st</sup> – 3 <sup>rd</sup> Grade (A)	<input type="checkbox"/> Secret Agent 4 <sup>th</sup> Grade & Up (B)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
Week 3 (7/13-7/17)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Dance (A)	<input type="checkbox"/> Soccer (B)
<input type="checkbox"/> Art Around the World (A)	<input type="checkbox"/> Day Tripper 4 <sup>th</sup> Grade & Up (B)
<input type="checkbox"/> Gymnastics (A)	<input type="checkbox"/> Photography 3 <sup>rd</sup> Grade & Up (B)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
Week 4 (7/20-7/24)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Rock Climbing 4 <sup>th</sup> Grade & Up (B)	<input type="checkbox"/> Lacrosse (B)
<input type="checkbox"/> Karate (B)	<input type="checkbox"/> Theatre (A)
<input type="checkbox"/> Kitchen Science 4 <sup>th</sup> Grade & Up (A)	<input type="checkbox"/> Secret Agent 1 <sup>st</sup> – 3 <sup>rd</sup> Grade (B)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
Week 5 (7/27-7/31)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Sports Café 1 <sup>st</sup> – 3 <sup>rd</sup> Grade (A)	<input type="checkbox"/> Gaming (A)
<input type="checkbox"/> Horseback 2 <sup>nd</sup> Grade & Up	<input type="checkbox"/> Fishing 2 <sup>nd</sup> Grade & Up (B)
<input type="checkbox"/> Gymnastics (A)	<input type="checkbox"/> Fabric Frenzy (A)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
Week 6 (8/3-8/7)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Baseball – Beg. (B)	<input type="checkbox"/> Circus (C)
<input type="checkbox"/> Rock Climbing 4 <sup>th</sup> & Up (B)	<input type="checkbox"/> Crazy Crafts (A)
<input type="checkbox"/> Tennis (C)	<input type="checkbox"/> Wilderness Skills 4 <sup>th</sup> Grade & Up (A)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
Week 7 (8/10-8/14)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Golf 2 <sup>nd</sup> Grade & Up (B)	<input type="checkbox"/> Rocketry 4 <sup>th</sup> Grade & Up (B)
<input type="checkbox"/> Basketball – Adv. (A)	<input type="checkbox"/> Rock Climbing 1 <sup>st</sup> – 3 <sup>rd</sup> Grade (B)
<input type="checkbox"/> Gymnastics (A)	<input type="checkbox"/> Sculpture (A)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
Week 8 (8/17-8/21)	
<input type="checkbox"/> Nitzanim	<input type="checkbox"/> CIT
<input type="checkbox"/> Camp Aide	<input type="checkbox"/> SyraCruisin'
<input type="checkbox"/> Sports Café 1 <sup>st</sup> – 3 <sup>rd</sup> Grade (A)	<input type="checkbox"/> Bowling (C)
<input type="checkbox"/> Glitter and Glam (A)	<input type="checkbox"/> Horseback 2 <sup>nd</sup> Grade 7 Up
<input type="checkbox"/> Gymnastics (A)	<input type="checkbox"/> Sewing (A)
<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care

### AM & PM BUS TRANSPORTATION REQUEST

Parents: Using the bus stop numbers from page 4 of the brochure, please indicate the stop most convenient for you for both the AM and the PM bus runs.

AM - \_\_\_\_\_

PM - \_\_\_\_\_

### EXTENDED CARE (Prices per Week)

AM (7:30-9am)	\$10 per week
PM (4-6pm)	\$10 per week
AM & PM	\$20
If enrolled in After Camp Clinic	Prorated \$6 per week
Number of weeks of AM Care x \$10	
Number of weeks of PM Care x \$10	
Number of ACC Prorated weeks x \$6	
<b>Total Due</b>	

### PAYMENT INFORMATION

Are you a JCC member?	Yes	No
JCC Membership #		
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Check <input type="checkbox"/> Visa	
Account Number		
Cardholder Name		
Expiration Date		
Signature		

### BILLING SUMMARY

Total Camp Fees	
Camp Fees 5% Discount (if paid by 4/17)	
Subtotal (if applicable)	
Early/Late Care Fees	
Registration Fee (\$20)	
Subtotal	
Deposit (\$35/week)	
Total Enclosed	
Balance Due	

# JEWISH COMMUNITY CENTER

## 2009 After Camp Clinic & Teen Fitness Registration

- One form per person
- Please print
- Complete both sides of this form
- Please read registration and general information before completing this form
- Mailing and billing will be sent to the child's address
- Third-party billing will not be done
- Please indicate sessions for your child's registration on the right.
- If camper is registered for School-Age Camps, please complete shaded area only for after camp clinic registration.

### REGISTRANT INFORMATION

Last Name	First Name	Age
Address		Sex (circle one)    M    F
City	State	Zip
Phone	T-Shirt Size (circle one) Youth: (6-8)    (10-12)    (14-16)    Adult:    S    M    L	
Birthdate	School	Grade Entering (2009-10)
Physician		Phone

### PAYMENT INFORMATION

Are you a JCC member?	Yes	No
JCC Membership #		
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> MC	<input type="checkbox"/> Check <input type="checkbox"/> Visa
Account Number		
Cardholder Name		
Expiration Date		
Signature		

### PARENT #1 / GUARDIAN INFORMATION

Last Name	First Name
Work Phone	Home Phone    Cell Phone
Occupation	Email Address

### BILLING SUMMARY

Total Fees	
Subtotal	
Total Enclosed	

### PARENT #2 / GUARDIAN INFORMATION

Last Name	First Name
Work Phone	Home Phone    Cell Phone
Occupation	Email Address

### EMERGENCY CONTACT INFORMATION (Other than Parent) MUST BE LOCAL

Name #1	Phone #1	Phone #2	Relationship
Name #2	Phone #1	Phone #2	Relationship

## CHOICES (Please Check Off Your Selections)

#### After Camp Clinic

<b>Climbing Clinic</b>	<input type="checkbox"/> Week 2 – 7/6 & 7/8
	<input type="checkbox"/> Week 4 – 7/20 & 7/22
	<input type="checkbox"/> Week 6 – 8/3 & 8/5
	<input type="checkbox"/> Week 8 – 8/17 & 8/19

#### Teen Fitness Program

<input type="checkbox"/> Teen Transformation Challenge \$600 Member / \$750 Non-member
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#### Summer Teen Membership Options June 29 – September 8

<input type="checkbox"/> Full Fitness Membership - \$100*
<input type="checkbox"/> Non-Fitness Membership - \$75*

*\* Discounts on programs do not apply to the summer memberships.*

<b>FOR OFFICE USE ONLY</b>	Payment Received _____ Amount _____ Date _____ Initials _____
	Batch # _____ Membership Type _____ Membership # _____

# JEWISH COMMUNITY CENTER

## 2009 After Camp Clinic & Teen Fitness Registration

### Waiver

The undersigned hereby agrees to indemnify and hold harmless the Jewish Community Center, its agents, and independent contractors from and against any and all claims, damages and expenses arising out of damages, bodily injury, sickness or death resulting from use of this facility and/or participation in any activity in the Jewish Community Center Family Sports and Fitness Center.

I understand that there are risks associated with participation in any exercise program, including but not limited to abrasions, musculoskeletal injuries, abnormal blood pressure, fainting, irregular heart rhythms, and in rare instances, heart attack, stroke or death. I understand that should I have any known medical condition, that it is my responsibility to consult with a physician before participating, and I acknowledge that by signing below, I am taking full responsibility for my health should I choose not to consult a practitioner.

I understand that it is my responsibility to abide by all the rules of the facility.

I understand that my child will be without supervision at the JCC during lunch and transition times during the Teen Transformation Challenge.

I have read the preceding paragraphs as acknowledged by my signature.

Child Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_



# Membership Categories & Rates

5655 Thompson Rd. ■ DeWitt, NY 13214 ■ 315-234-4522 ■ www.jccsyr.org

Membership	Code	Category	Description	Full-Facility Rate	Non-Fitness Rate
				Annual/Monthly	Annual/Monthly
<b>Family</b>	<b>A</b>	<b>2-Parent Family</b>	2 Adult Caregivers, Children and Dependent Students within a Single Household	\$744/\$65	\$380/\$35
<b>Family</b>	<b>B</b>	<b>1-Parent Family</b>	1 Adult Caregiver, Children, and Dependent Student(s)	\$530/\$47	\$278/\$26
<b>Individual</b>	<b>C</b>	<b>Individual Adult</b>	1 Adult, Age 30+	\$455/\$41	\$240/\$23
<b>Individual</b>	<b>D</b>	<b>Individual Young Adult</b>	1 Adult, Age Under 30	\$300/\$25	N/A
<b>Young Couple</b>	<b>L</b>	<b>Young Married Professional Couple*</b>	2 Adults, Age Under 30	\$550/\$46	N/A
<b>Young Couple</b>	<b>M</b>	<b>Married Couple One Dependent Student*</b>	2 Adults, Age Under 30, One Being an Adult Student	\$450/\$38	N/A
<b>Couple</b>	<b>E</b>	<b>Adult Couple</b>	1 Adult Couple with No Children Living at Home	\$637/\$56	\$342/\$32
<b>Dependent Student</b>	<b>F</b>	<b>Dependent Student</b>	1 Single, Full-time Student, age 14+, Financially Dependent on Parents	\$273/\$26	N/A
<b>Dependent Student</b>	<b>G</b>	<b>Dependent Student per Semester</b>	Same as Above, for Any 4 Consecutive Months	\$155/NA	N/A
<b>Senior Adult</b>	<b>H</b>	<b>Senior Adult*</b>	1 Adult, Age 60+	\$401/\$36	\$80/\$10
<b>Senior</b>	<b>I</b>	<b>Senior Special*</b>	1 Adult, Age 60+, 10am to 4pm & 7 to 9pm, Weekdays Only, for Full Fitness	\$209/\$20	N/A
<b>Senior</b>	<b>J</b>	<b>Senior Snowbird*</b>	1 Adult, Age 60+, living outside Onondaga County for More Than 6 months, 5-Month Membership Can Be Activated Between 4/15 – 5/31	\$188/NA	N/A
<b>Senior</b>	<b>K</b>	<b>Senior Couple*</b>	2 Married Adults, one 60+	\$572/\$51	\$144/\$15

MEMBERSHIPS & CONTRIBUTIONS				
	<b>L</b>	<b>Mitzvah</b>	Monetary Contribution, Receives All JCC Publications, No Additional Benefits	Any Amount
	<b>M</b>	<b>Silver</b>	Monetary Contribution in Addition to Any Membership	\$100
	<b>N</b>	<b>Gold</b>	Monetary Contribution in Addition to Any Membership	\$200
	<b>O</b>	<b>Platinum</b>	Monetary Contribution in Addition to Any Membership	\$300

MEMBERSHIP & PREMIUM SERVICE				
	<b>P</b>	<b>Premium</b>	\$195/year/adult. Includes a personal locker. Does not apply to dependent student or senior categories. Limited availability.	\$195

ONE-TIME ENROLLMENT FEES (New and Lapsed Memberships Only)			
Full - Fitness Members (Except Seniors & Students)	\$50	Non - Fitness Members (Except Seniors & Students)	\$30
Full - Fitness Seniors & Students	\$25	Non - Fitness Seniors & Students	\$15

Membership Registration	Code	Amount
Full Facility (A-J)		
Contribution Membership (K-N)		
Premium Service	P	
Enrollment Fee (If Applicable)		
Payment Plan Fee		
	<b>Total</b>	
MC/Visa #		Check
Signature		Date

**In the spirit of tzedakah, anyone, regardless of age, capable of paying for a full facility membership is encouraged to do so.**

For Office Use Only
Date:
Mem. #
Mem. Code
Mem Cat.
Total Due
Amt. Pd.
Balance
Payment Plan: Y N

\* \$25 Registration Fee

# JEWISH COMMUNITY CENTER

## 2009 JCC Membership Categories and Rates

### MAIN INFORMATION

Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_

Marital Status    M    S    D    W

Optional Information (Will be used for statistical purposes only.)

Synagogue Affiliation \_\_\_\_\_  
 Not Affiliated  
 Not Applicable

### PRIMARY MEMBER

(Circle One) Mr. Mrs. Ms. Miss Dr.

First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Bus. Phone \_\_\_\_\_  
 Bus. E-mail \_\_\_\_\_  
 Bus. Fax \_\_\_\_\_  
 If Dependent Student (Must be full-time student):  
 School \_\_\_\_\_ Grade/Year \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

### MEMBER #2

(Circle One) Mr. Mrs. Ms. Miss Dr.

First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Bus. Phone \_\_\_\_\_  
 Bus. E-mail \_\_\_\_\_  
 Bus. Fax \_\_\_\_\_  
 If Dependent Student (Must be full-time student):  
 School \_\_\_\_\_ Grade/Year \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

### CHILDREN / DEPENDENT STUDENTS

First Name	Last Name	Sex	D.O.B.	School Grade/Yr.	Email
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

### ACCEPTANCE OF JCC OF SYRACUSE MEMBERSHIP (Must Be Signed and Dated)

I, the undersigned, for myself and all persons listed above, hereby affirm the following:

I am making application for membership in the Jewish Community Center of Syracuse. I agree to abide by its rules and bylaws. I understand that all members 18 years and older may participate in the Annual Meeting of the JCC.

I understand that membership dues are payable in full at the time of joining or renewal, unless a payment plan has been approved in advance. A payment plan only specifies the manner in which payments will be made and does not reflect a month-to-month membership commitment. If paying with a payment plan, I authorize the JCC Family Sports and Fitness Center to automatically charge my credit card account for each consecutive month of the plan.

I understand that membership dues are automatically renewed each year unless I give notice in writing, and that membership is not transferable.

I understand that membership dues are non-refundable.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date