

CHINMAYA MISSION® CHICAGO

✧ BADRI ✧ A SCHOOL OF VEDANTIC STUDIES

25th Annual Vedic Heritage Youth Camp 2007
June 16 - 22, 2007 (Monday-Sunday)
8:30 a.m. - 4:30 p.m. daily

GRADES 7-12: TIMELESS VALUES

Select topics from *Ramacharitamanasa* and *Bhagavad Gita*

GRADES KG-6: DASHAVATARA

Devotional and Inspiring Values from the Incarnations of Lord Vishnu

CAMP ACHARYAS

Swami Sharanananda (CM Chicago), Brahmachari Uddhav Chaitanya (CM Dallas-Fort Worth), Brahmachari Girish Chaitanya (CM Los Angeles), Brahmacharini Bhamati Chaitanya (CM Boston), Lakshmi Sukumar (CM San Diego)

Registration includes all camp materials, lunch, snacks,
and supervision before and after camp hours.

Full Camp: \$200 per child; \$350 for 2 siblings; \$400 maximum

Partial Camp: \$40/day, maximum 3 days

Out-of-Town Participants: Parents from outside the Chicago area may send their children (10 years and above) to attend the Youth Camp.

Local transportation and host family accommodation will be provided.

Contacts: Sonia Chugh (708) 479-4528; Roopla Khanna (630) 357-4564;
Padmini Makam (219) 322-7268; Rajul Bhalala (847) 295-2383;
Sarala Kareti (217) 546-7921; Asha Bhatia (319) 339-8624

REGISTRATION (Separate form per child)

(Check One) Full Camp Partial Full Camp (specify dates):

NAME: _____ DATE OF BIRTH: _____ GRADE (Entering Sep. 2007) _____

FATHER'S FULL NAME: _____ EMAIL: _____

MOTHER'S FULL NAME: _____ EMAIL: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ONLY FOR OUT-OF-TOWN RESIDENTS . . .

TRANSPORTATION REQUIRED? YES NO

ACCOMMODATION REQUIRED? YES NO

EMERGENCY CONTACT: _____ PHONE: _____

PEDIATRICIAN'S NAME: _____ PHONE NUMBER: _____

SPECIFY any food, drink, or drug allergies, medical problems, or special needs:

Check #: _____ Check Amount: _____

Credit Card (circle one: VISA MC AmEx) #: _____ Expiration Date: _____

Parent's Signature: _____ Date: _____