



Dear Parents,

We are thrilled to offer two exciting programs on May 16th!

For 1st-Time Campers:
Hop on the Bus!



Join us for a
"Taste of Tamarack"
1:00 - 5:30 PM

Buses depart from Adat Shalom

Activities include:

- ✧ Pioneer Skills
- ✧ Arts & Crafts
- ✧ Sports
- ✧ Nature Games
- ✧ Rock Climbing
- ✧ Camp Tour

Please Note:

- To allow for a smooth check-in, please arrive 15 minutes before departure.
- Buses depart at 1:00 PM and return at 5:30 PM.
- Snacks and drinks will be provided.

For 1st-Time Parents:
Step Into Class!



Join us for:
"Talkin' Tamarack"
1:00 - 3:00 PM

Join us inside Adat Shalom

Topics include:

- ✧ Introduction of Camp's Leadership
- ✧ Preparing for Camp Experience
- ✧ "A Day in the Life" at Camp
- ✧ Your Child's Emotional Well-Being at Camp
- ✧ Medical Procedures & Protocols

Please Note:

- Sessions for parents begin immediately following bus departure for camp.

We look forward to your participation!

Lee Trepeck, Director
Debbie Landau, Associate Director
Carly Weinstock, Program Director



Reserve your child's spot for "Taste of Tamarack" by Monday, May 10th.
Questions? Call Carly Weinstock at 248-355-6830 or email
weinstock@tamarackcamps.com

Child's Name: _____
Currently Registered? Y N Current Grade: _____

Child's Name: _____
Currently Registered? Y N Current Grade: _____

Child's Name: _____
Currently Registered? Y N Current Grade: _____

Parent Name(s): _____

Cell: _____ Home: _____

Emergency Contact (other than parent listed above): _____

Cell: _____ Home: _____

Camper Food Allergies: _____

Medical Concern: _____

Parent Authorization - Please Sign

Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency and I cannot be reached, I hereby give permission to the physician selected by the camp director or his/her agent to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I also understand that I am responsible for the costs incurred on the behalf of my child relating to accident or illness when treated outside the camp.

Signature of Parent or Guardian: _____

Date: _____

Parents tell us if you are going to step into class!

- I will attend "Talkin' Tamarack."
I am most interested in learning about _____
- I am undecided if I will attend "Talkin' Tamarack."
- I will not attend "Talkin' Tamarack."

Return to:
Tamarack Camps
29201 Telegraph Road, Suite 500
Southfield, MI 48034
248-355-6830
Fax: 248-647-1493