



5780 Camper Application

Both Trips (June 30 – August 17)

1st Trip (June 30 – July 21)

2nd Trip (July 27 – August 17)

Camper's Name _____
Last Name First Name Middle

Name Child Prefers To Be Called By _____

Address _____ City _____ State _____ Zip _____

Tel. _____ Summer Tel. _____ Fax # _____

Date of Birth _____ Current Grade _____ Yeshiva Attending _____

Current Rabbi _____ Yeshiva Attending Next Year _____

Camp(s) Previously Attended '17 _____ '18 _____

'19 _____ Recommended By _____

Parent's Marital Status Married Divorced Separated Widowed

Father's Name _____ Occupation _____ Business Tel. _____

Mother's Name _____ Occupation _____ Business Tel. _____

Father's Cell _____ Mother's Cell _____ E-Mail _____

EMERGENCY CONTACT INFO: In the event parents cannot be reached, please contact in the following order:

Name _____ Relationship to camper _____

Tel. _____ Cell _____

Name _____ Relationship to camper _____

Tel. _____ Cell _____

Family Physician _____ Tel. _____

Camper References: Please list 2 references, one of them should be your son's Rabbi, Menahel or Mashgiach.

Name _____ Position _____ Tel. _____

Name _____ Position _____ Tel. _____