



# 5780 Masmid Application

(July 27 – August 17)  
(6 Av - 27 Av)

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. \_\_\_\_\_