



5784 Camper Application

Additional Week (July 31 - August 6 – 25 Tamuz - 2 Av)

Camper's Name _____
Last Name First Name Middle

Name Child Prefers To Be Called By _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Tel. _____ **Summer Tel.** _____ **Preferred Tel.** _____

Date of Birth _____ **Current Grade** _____ **Yeshiva Attending** _____

Current Rabbi _____ **Yeshiva Attending Next Year** _____

Camp(s) Previously Attended '21 _____ **'22** _____

'23 _____ **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.** _____