



5786 Camper Application

☐ Additional Week (July 13 - July 20 – 28 Tamuz - 6 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 '23 _____ '24 _____

'25 _____ 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. _____

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