



5786 Masmid 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 Rebbi _____ 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 Rebbi, Menahel or Mashgiach.

Name _____ Position _____ Tel. _____

Name _____ Position _____ Tel. _____