



The deadline for applications is Monday, March 18, 2019

Name of Camper: _____

Name of Parent: _____

Address: _____

County: _____

Daytime Telephone Number: _____

E-mail: _____

Camper's Birthdate: _____ Grade in School Fall 2019: _____

Name of Overnight Jewish Camp/Israel Program: _____

Name of Camp Contact Person: _____

Camp Address: _____

Camp Phone Number: _____

Camp Email: _____

Camp Web Address: _____

How many days will your child be attending the Jewish camp/Israel program?

7-14 15-28 29-42 43-56

Has your child attended Jewish overnight camp or an organized youth trip to Israel in the past? Yes No

If yes, what camp/program did they attend? _____

Signature of Parent/Guardian: _____

Date: _____