

Camp S'dei Chemed International

1849 East 38th Street, Brooklyn, NY 11234

Phone: 718-338-2785 - Fax: 347-823-1183- Email: info@campsci.com

All camp information can be found on our website www.CampSCL.com/Camp

Camper Application Form

Attach one recent photograph here. Application is considered incomplete if photograph is omitted.

S'dei Chemed Boys S'dei Chemed Girls

Name _____ Phone # _____ Date _____
Address _____ City _____ State _____ Zip _____
Cell # _____ Passport # _____ Name as it appears on Passport _____
Parents email _____ Childs email _____
Nationality _____ Place of Birth _____ Age (as of this coming June) _____ Date of Birth _____
Fathers Name _____ Occupation _____
Company Name _____ Business phone # _____
Mothers Name _____ Occupation _____
Parents or Guardians address (if different from above) _____ City _____ State _____ Zip _____

I would like my child to participate in: Tour A "Grand tour of Israel" Tour B "Israel off the beaten path"

If for any reason you will be making your own air arrangements to Israel, please note here. _____

Other date of departure _____ Other date of return _____

Parents are required to have medical coverage for their child.

Name of insurance _____ Policy # _____

Present school attending _____ Grade _____

General class work Excellent Very good Good Fair Weak

School Conduct Excellent Very good Good Fair Poor

Other schools previously attended _____

Friends with whom you would like to bunk _____

Hobbies, interests, skills (music, sports, clubs etc.) _____

Swimming skills Strong Fair Weak Non-Swimmer

Have you ever attended sleep-away camp? Yes No Camps previously attended _____

How did you find out about our program? _____

References: List 2 references preferably include your Rabbi, teacher or principal

Name _____ Phone _____ Profession _____

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Please note: Our program allows for free days and free weekends where campers are given the opportunity to visit relatives or friends. Campers who do not use these free days are given a special touring program under full supervision. Parents giving their child permission to go out assume all responsibility for that day. Please note that we do not permit campers to use public transportation, only taxis or private transportation.

Free day instructions: I allow my child to go out on his own on free days.

I allow my child to go out only if picked up by relatives or family friends.

Special medical instructions _____

Return with \$500 deposit, **refundable** up to 6 weeks before departure. \$100 cancellation fee. Full payment is due by April 1st. Please note that we only accept refined campers who have a good behavior record. Interview may be required.

Important: Please make sure to include a photo with this application.

Price for 2010: \$5,995. **\$300 discount only valid on applications received before January 1st, 2010.**

Different types of scholarships may be available; please see our website for details.

You will receive our Camp S'dei Chemed t-shirt with your registration.

Bring a friend along and receive \$100 spending money in Israel!(limit one per person).

Please provide us with your friend's information so we can send an application.

Name _____ Address _____

I understand that if I break any camp rules I will be dismissed from camp with no refund. Signature _____

For office use only:

Date _____ Deposit received _____

Payment received _____ Date _____