

PLEASE ATTACH  
A  
RECENT PICTURE  
HERE



Please Send  
Completed Applications to:  
Camp Kochavim  
P.O. Box 551  
Brooklyn, NY. 11210  
Or Fax to:  
718-338-8657

## Camper Registration- Summer 5771-2011

Please check one:

- Full Season– June 29 – Aug 22  
 First Trip– June 29 – July 26  
 Second Trip– July 26 – Aug 22

Please check one:

- Regular Program  
 Kollel Program  
 Golani Program

### Camper # 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Yeshiva Attending \_\_\_\_\_ Entering Grade (Sept '11): \_\_\_\_\_

Present Rebbe's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Summer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Dates there: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone #: ( ) \_\_\_\_\_ Cell Phone#: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone #: ( ) \_\_\_\_\_ Cell Phone#: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents' Marital Status:  Married  Divorced  Widowed Primary Contact is  Mother  Father

Family Doctor: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_ Policy & Group #: \_\_\_\_\_

Pharmacy Insurance Plan: \_\_\_\_\_ Policy & Group #: \_\_\_\_\_

In case of Emergency call: \_\_\_\_\_ at #: ( ) \_\_\_\_\_

**Please submit this application with a deposit of \$1,000 (Full Season) or \$500 (Half Season). Payment in full must be received by March 1, 2011. Cancellations will be accepted without penalty through December 31, 2010. Cancellations between January 1, and March 1, 2011 will be subject to a cancellation fee of \$300. Fees are not refundable after March 1, 2011. Tuition fees include laundry service, transportation from the NYC metropolitan area and a Camp Kochavim Tee Shirt. Tuition does NOT include the Trip fee, Luggage fee, Canteen, Kochavim Clothes or G-d Forbid, Medical Expenses.**

**I hereby give permission for my child(ren) to participate in all camp activities and off-campus trips.**

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**