



PLEASE RETURN BY APRIL 1st TO:
WINTER (September 1 - May 15)
 3 New King Street, White Plains, NY 10604
 p: 914-437-7200 f: 914-422-3635

SUMMER (May 16 - August 31)
 700 Churchill Street, Pittsfield, MA 01201
 p: 413-447-8900 / 800-494-6238
 f: 413-447-8905

CAMPER PERSONAL INFORMATION FORM 2012

Camper's Name _____ Nickname _____
First, Last (Please Print)

Camper's Email _____ @ _____ Parent's Email _____ @ _____

T-Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Name **Age** **Camp**

Siblings at Camp _____

Bunkmate requests _____

Bunkmate objections _____

Is there any change in marital status that would be important for us to know about? Yes No

If yes, should there be a double mailing? Yes No

If yes, please indicate a second address: (Dr/Mr/Mrs) _____ Phone _____

Address _____ City _____ State _____ Zip _____

OPTIONAL PROGRAMS

Please enroll my son in the following optional programs: Ice Hockey - \$600 Golf - \$600 Partial Golf - \$300

TRANSPORTATION INFORMATION

How will your son get to camp? Drive Special Arrangements _____

Fly If yes, please indicate from where: Florida Santo Domino Other _____

Bus (Please choose from the following departure locations. See Parent Handbook for details):

Manhattan Livingston, NJ Montvale, NJ White Plains, NY Long Island Philadelphia

GENERAL INFORMATION

Does your son: Need to Attend Church? Yes No

Need Bar Mitzvah Tutoring? Yes No

Have an upcoming Bar Mitzvah this year? Yes No If yes, date _____

Need School Tutoring? Yes No

If yes, which subjects? _____

(OVER)

