

TEMPLE BETH SHOLOM SISTERHOOD

Campership Application

We are so glad you are considering sending your child to a Jewish residential (sleep-away) camp! We all recognize the lifelong benefits of Jewish camping for our youth. We also know that quality camping experiences can be very expensive. While we have a limited number of camperships, we are committed to enabling TBS families to experience Jewish camps. In order to be considered for a Temple Beth Sholom Sisterhood Campership, the following requirements and conditions must be met:

- A. You must be a member of Temple Beth Sholom Sisterhood. The exception is men who have 'Friend of Sisterhood' status because of their monetary donation to Sisterhood.
- B. Your camper must be a student in good standing in TBS Religious School.
- C. The campership must go to a Jewish residential (sleep-away) camp.
- D. Camperships will not be given for the same camper two years in a row.

All campership funds will be paid directly to the camp only. If your camper does not begin his/her session and campership funds have been sent, Sisterhood will be refunded from the camp first before the parent/guardian receives any refund. Camperships cannot be transferred to another camper. Campership funds can, though, be transferred to another approved camp and/or session.

PLEASE FILL OUT BOTH SIDES OF THIS QUESTIONNAIRE :

Name of Camper: _____ Age _____ Grade _____ Gender: M or F

Parent/Guardian: _____

Email: _____ Phone No.(____) _____

Address City/State Zip code

Camp Name: _____ Camp Phone (____) _____

Camp Address _____

City/State Zip Code

Session # _____ Start Date _____ # of Days _____ Cost \$ _____

Camp final payment due by _____

*Please check here if you have not yet applied to the above-mentioned camp but still wish to be considered for a campership _____ .

Please check here if this will be the camper's first residential camp experience _____ .

Please list all previous camp experience (Jewish, non-Jewish, residential, day, specialty camps):

Year Camp Name and Location (City/State) Session length Description/Specialty .

Additional camp information is attached. _____.

Please list any involvement the camper has in TBS youth programs and events:

Are there any additional circumstances we should take into account?

PLEASE ATTACH A SEPARATE PIECE OF PAPER FROM THE CAMPER: Camper, in your own words, why do you want to go to camp? Why this camp?

By signing below you verify that the information on this application is true and correct, and that you agree to all of the above terms and conditions.

Parent/Guardian Signature

Date

RETURN THIS FORM TO:

TBS Sisterhood, Attention Camperships, 2625 N. Tustin Ave., Santa Ana, CA 92705

This form **must** be returned by March 9, 2012 to be eligible for consideration.

For more information, contact: Lori Glasky at glas2kidz@gmail.com

For Sisterhood Use Only:

Rec'd Date _____ Member/Friend _____ School Eligibility _____ Previous Campership _____

All info confirmed _____

Refund Notice w/Campership _____ Campership Check # _____ Mailing Date _____ No Campership _____