



Aderes Summer Experience Application 2021

TENTATIVE DATES July 13/ 5 Menachem Av - August 4/ 26 Av

1227 East 27th St, Brooklyn, NY 11210
 Email: aderessummer@gmail.com
 Phone: (917)543-1178, Fax: (718)504-4442

Please print clearly.

Primary Applicants:

Last Name:		First Name:	
As appears on Passport:		Passport #	DOB
Street Address:			Apt:
City:		State:	Zip:
Home Phone: () -		Cell Phone: () -	
Current School and Grade:		T-Shirt Size	

Family Information

Father's Name:		Mother's Name	
Title:		Cellular #:	
Cellular #:		Email:	
Email:			

Names of Relatives/Friends Living in Israel:

Full Name	Relationship	Address:	Phone #:
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Are there any special circumstances in the applicant's medical history, allergies, family life or emotional development that would be helpful for us to know? _____

Reference: Please list one reference, preferably a Rebbe or Menahel

Name:	Relationship to Applicant	Telephone #
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Payment: A Deposit of \$500 which will be cashed upon acceptance must accompany this application. The deposit will be fully refundable if we can not get into Eretz Yisrael. Checks may be payable to Aderes Summer Experience or please complete credit card information below

Name on Card:		Deposit	\$
Card Number:	/ / /	Exp:	/
		Balance:	\$

**Camp Fees: \$3,900 (includes Israeli medical insurance policy) plus airfare
 Due dates of payments May 1 - \$1,150; June 1-\$1,150; July 1-\$1,100. There will be nothing more than the \$500 deposit charged until it becomes apparent whether or not we will be able to run the program as planned**

List your past summer experience _____

Bochrim are prohibited from having computers or any other viewing devices, including iPods with video or internet capability.

Signature of Applicant _____ Date _____

By signing below, I hereby allow my son to participate in all activities offered by Aderes Summer Experience in its summer experience, including but not limited to, hiking, swimming, aquatic sports, jeeping, horseback riding, etc.

While Aderes Summer Experience will take all reasonable steps to protect and ensure the safety and welfare of my son, I understand, acknowledge and assume the inherent risk of such activities. I will hold Aderes Summer Experience and its agents harmless in the event of injury or property damage or any other loss as a result of such activities.

Aderes Summer Experience will not be responsible for articles of clothing or personal belongings damaged by fire, theft, loss etc.

Parent's Signature _____ Date _____