

APPLICATION FOR MARSHA FAYNE SISTERHOOD CAMPERSHIP-2024

Please attach camper's written statement

APPLICANT INFORMATION

Name _____ Grade _____

Parent (s) Name (s) _____

Street Address _____

City/State/ Zip _____

Home Phone _____ Cell Phone _____

Primary e-mail address _____

CAMP/PROGRAM INFORMATION

Camp/Program _____

Address _____

City/State/Zip _____

Dates Attending _____

OTHER INFORMATION

Have you applied for a TAE Campership before? YES NO

If yes, have you received a TAE Campership? YES Year(s) _____ NO

CURRENT PARTICIPATION IN TAE ACTIVITES AND PROGRAMS: Please check all that apply

Attend Shabbat Services TAE-ECC Day Camp Assistant Religious School

Community Holiday Dinner Youth Group Purim Carnival Helper

PARENT SIGNATURE

By submitting this application, I affirm that my child has my permission to apply for a Marsha Fayne Sisterhood Campership. I understand that the **deadline date** for submitting this application is **Monday, March 4, 2024.** An email will be sent **by Tuesday, March 12, 2024** to confirm receipt of application.

Printed Name _____

Signature _____