

**CAMP CHOMEISH of New England
PIONEER ACTIVITY / TRIP SUGGESTION FORM**



This form is to be filled out in addition to the regular camper application

Campers Last Name	First Name	Full Hebrew Name
Address		
City	State	Zip -
Phone	Fax	E-Mail

Please check as many of the following that interest you:

- | | |
|--|--|
| <input type="radio"/> BASEBALL | <input type="radio"/> NATURE STUDY / TRAILS |
| <input type="radio"/> HOCKEY | <input type="radio"/> HIKES TO PLACES OF INTEREST |
| <input type="radio"/> SOCCER | <input type="radio"/> TRIPS TO PRO- BALL GAMES |
| <input type="radio"/> BASKETBALL | <input type="radio"/> RIVER CANOEING AND RAFTING |
| <input type="radio"/> TENNIS | <input type="radio"/> RUN-A-WAYS |
| <input type="radio"/> VOLLEY BALL | <input type="radio"/> SHOPPING TRIPS TO MALLS |
| <input type="radio"/> MACHANAIM | <input type="radio"/> RUBBERSTAMPING |
| <input type="radio"/> NEW GAMES NEVER PLAYED | <input type="radio"/> CRAFTS |
| <input type="radio"/> TRIP TO WATER SLIDE | <input type="radio"/> FRUIT AND VEGETABLE PICKING |
| <input type="radio"/> TRIPS TO BOWLING | <input type="radio"/> OUT OF TOWN OVERNIGHTS / TRIPS |
| <input type="radio"/> TRIPS TO AMUSEMENT PARKS | |

OTHER THINGS

OTHER THINGS

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Birth Date M D Y Grade CONCLUDED as of June, 2005 8th 9th

Camper's Signature _____ Date M D Y

There is an additional charge for this program of \$180.00 PER SESSION per child above any and all camping fees, scholarships and extras.

Parent's Signature _____ Date M D Y

Please send this together with camper application forms and deposit to:
CAMP CHOMEISH of New England ~ 433 Kingston Avenue Suite # 6 ~ Brooklyn, NY 11225-3127
(203) 371-0104 FAX (203) 371-7434 E-Mail: office@campchomeish.com