



**Camp Shalom
of Central Florida**

RETURNING CAMPER INFORMATION

PART I. RETURNING PARENTS

This form must be returned to the camp office by May 4, 2012

CAMPER'S NAME _____

BIRTHDATE _____ **PRESENT GRADE** _____ **SCHOOL** _____

HOME PHONE _____ **CELL** _____

MOTHER'S NAME _____ **CELL** _____

FATHER'S NAME _____ **CELL** _____

SIBLINGS _____ **M / F AGE** _____

_____ **M / F AGE** _____

_____ **M / F AGE** _____

_____ **M / F AGE** _____

FATHER'S BUSINESS _____ **BUSINESS #** _____

FAX # _____ **E-MAIL** _____

MOTHER'S BUSINESS _____ **BUSINESS #** _____

FAX # _____ **E-MAIL** _____

.....
NON CUSTODIAL PARENT INFORMATION (If applicable)

NAME _____

ADDRESS _____

HOME # _____ **CELL #** _____

BUSINESS # _____ **FAX** _____

Summer Address: Camp Shalom, Box B, Orange Springs, FL 32182
Phone: 352-546-2223 Fax: 352-546-3484

Winter Address: Camp Shalom, P.O. Box 160306, Miami, FL 33116
Phone: 305-279-0401 or 1-800-279-0401 Fax: 305-279-0401

Visit us on the internet: www.CampShalom.net
E-mail: CampShalom@aol.com



RETURNING CAMPER INFORMATION

PART II. RETURNING CAMPERS

(To be completed by parents and campers)

NAME _____ BIRTHDATE _____ GRADE IN 2012 _____

SUMMER 2011 WILL BE YOUR (#) _____ SUMMER AT CAMP SHALOM

WHAT ARE YOUR 3 FAVORITE ACTIVITIES AT CAMP?

1. _____ 2. _____ 3. _____

WHAT ARE YOUR LEAST FAVORITE ACTIVITIES AT CAMP?

1. _____ 2. _____ 3. _____

WHAT ARE YOUR FAVORITE CAMP TRIPS?

1. _____ 2. _____ 3. _____

WHO WAS YOUR FAVORITE BUNK COUNSELOR LAST SUMMER? _____

WHAT ACTIVITIES WOULD YOU LIKE TO DO MORE OF THIS SUMMER? _____

WHAT WAS YOUR BEST "MOMENT" OR EXPERIENCE AT CAMP SHALOM? _____

WHAT WAS YOUR FAVORITE FOOD AT CAMP? _____

WHAT WAS YOUR LEAST FAVORITE FOOD AT CAMP? _____

IS THERE ANYTHING THAT YOU WOULD LIKE YOUR COUNSELORS TO KNOW ABOUT YOU? _____

DO YOU HAVE ANY SPECIAL DIET NEEDS (VEGETARIAN, KOSHER, ETC...) OR REQUESTS? _____

DO YOU HAVE ANY CONCERNS ABOUT THIS COMING SUMMER? _____