

TIKVAH FAMILY CAMP FAMILY INFORMATION FORM

Adult 1

Name: _____

Address: _____

Phone #: _____

Email: _____

Relationship to Children: _____

T-shirt size: Adult: S M L XL

Adult 2

Name: _____

Address: _____

Phone #: _____

Email: _____

Relationship to Children: _____

T-shirt size: Adult: S M L XL

Child with Special Needs:

Name: _____

(All additional information will be provided on Camper Information Form.)

Sibling 1:

Name: _____

(All additional information will be provided on Sibling Information Form.)

Sibling 2:

Name: _____

(All additional information will be provided on Sibling Information Form.)

Sibling 3:

Name: _____

(All additional information will be provided on Sibling Information Form.)

PLEASE CONTINUE ON AN ADDITIONAL PIECE OF PAPER IF
MORE SIBLINGS OR ADULTS WILL BE ATTENDING.