

CAMP RAMAH IN THE BERKSHIRES  
**GUEST RESERVATION FORM**  
2010 SEASON

- The form below should be filled out completely and returned with a deposit of \$50.00 per person no later than April 15, 2010.
- **Make a separate check payable to:** "Camp Ramah in the Berkshires" and attach the check to this form.
- Mail the form to: Camp Ramah in the Berkshires, 25 Rockwood Place, Suite 345, Englewood, NJ 07631. **DO NOT FAX THIS FORM.**
- Deposits are refundable until the Sunday before the weekend reserved.
- Guest accommodations are limited. Submitting this form and the deposit is not a guarantee of a reservation. Please do not tell your children that you are coming to camp until you are accepted for a visit. **Confirmations are sent out in the middle of May.**
- Rates: \$145/adult, \$65/child (over 3 years old)
- Rates include: five meals (*Shabbat* dinner through Sunday breakfast), two nights lodging (with A/C), linens and towels, and a "dorm size" refrigerator.

Parent's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Phone (Home/Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Number of Sibling Children: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name(s) of camper(s)/staff member(s) being visited:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

First time camper? \_\_\_\_\_ Have you visited camp for Shabbat before? \_\_\_\_\_ If so, when\*? \_\_\_\_\_  
*\*If you have visited camp for Shabbat in 2008 or 2009, please do not apply.*

Please indicate below your **first**, **second** and **third** choice for a weekend reservation.

July 9-11 \_\_\_\_\_ July 23-25 \_\_\_\_\_ July 30-August 1 \_\_\_\_\_ August 13-15 \_\_\_\_\_

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*Office Use Only*

Date Received: \_\_\_\_\_

Date Acknowledged: \_\_\_\_\_

Reservation Date: \_\_\_\_\_

Deposit Received: \$ \_\_\_\_\_