



CAMP RAMAH IN THE BERKSHIRES

25 Rockwood Place, Suite 345 • Englewood, NJ 07631

Phone (201) 871-RAMAH (7262) • Fax (201) 871-7232 • info@ramahberkshires.org

2010 CAMPER FAMILY INFORMATION SHEET

PLEASE FLIP OVER

Please complete one form per family.

----FAMILY 1----

	PARENT 1	PARENT 2		ADDRESS
Title			Street address	
First name			City/State	
Last name			Zip	
Relationship			Country	
Work phone			Home phone	
Cell phone			Summer phone	
Other phone				
E-mail			Invoice by	<input type="checkbox"/> Letter <input type="checkbox"/> E-mail <input type="checkbox"/> Both
Fax				
Occupation				
Place/City of Employment				
Ramah alumnus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>		
Which Ramah/Gesher Year?			Synagogue	

Parents' marital status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other		
Emergency contacts	Name	Relationship	Phones (home, cell, work, etc.)
	#1 _____		
	#2 _____		

----FAMILY 2 (IF APPLICABLE)----

	PARENT 1	PARENT 2		ADDRESS
Title			Street address	
First name			City/State	
Last name			Zip	
Relationship			Country	
Work phone			Home phone	
Cell phone			Summer phone	
Other phone				
E-mail			Shares custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax			Receives bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation			Receives other mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place/City of Employment				
Ramah alumnus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>		
Which Ramah/Gesher Year?				



CAMP RAMAH IN THE BERKSHIRES

25 Rockwood Place, Suite 345 • Englewood, NJ 07631

Phone (201) 871-RAMAH (7262) • Fax (201) 871-7232 • info@ramahberkshires.org

2010 CAMPER GRANDPARENT INFORMATION SHEET

PLEASE FLIP OVER

Please complete one form per family.

	GRANDPARENT 1	GRANDPARENT 2		ADDRESS
Title			Street address	
First name			City/State	
Last name			Zip	
Home phone			Country	
E-mail				
Ramah alumnus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>		
Which Ramah/ Geshher Year?			Synagogue	

	GRANDPARENT 3	GRANDPARENT 4		ADDRESS
Title			Street address	
First name			City/State	
Last name			Zip	
Home phone			Country	
E-mail				
Ramah alumnus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES see Below</small>		
Which Ramah/ Geshher Year?			Synagogue	