



# 2011 CAMP SABRA APPLICATION

Please return to:

Camp Sabra / 2 Millstone Campus Drive / St. Louis, MO 63146  
(314) 442-3151 / Fax: (314) 432-5825



**STAPLE  
CAMPER  
PHOTO  
HERE.**

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

T-Shirt Size: Children's Sizes 6-8 \_\_\_\_\_ 10-12 \_\_\_\_\_ Adult Sizes S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Grade Entering Fall 2011 \_\_\_\_\_ School \_\_\_\_\_ Gender F \_\_\_\_\_ M \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Synagogue Affiliation \_\_\_\_\_

Camper's E-mail \_\_\_\_\_

## CONTACT INFO

Camper Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Camper lives with: Both parents ( ) Mother ( ) Father ( ) Other ( ) \_\_\_\_\_

If Camper does not live with both parents, correspondence should be sent to ( ) Mother ( ) Father ( ) Both

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_ Single \_\_\_\_\_

Parent/Guardian 1 Full Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 1 Cell Number ( ) \_\_\_\_\_

Parent/Guardian 1 Email \_\_\_\_\_

Address (if different than camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 2 Full Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 2 Cell Number ( ) \_\_\_\_\_

Parent/Guardian 2 Email \_\_\_\_\_

Address (if different than camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_





