

Camp Gan Israel

Silver Spring

Camper Profile

Please print and fill out this form.

Send to: 519 Lamberton Drive, Silver Spring, MD 20902

PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD

Name: _____

Age: _____ Grade: _____

• Describe your child- likes/dislikes, emotional make-up and special concerns: _____

• What kinds of things would you like your child to experience at camp.... growth in what areas? _____

• Camper's siblings (include ages): _____

• Describe your child's swimming ability: _____

• Which friend's would you like your child to be placed with?

First choice: _____

Second choice: _____

*Ignore if you have already requested placement

WE GUARANTEE TO HONOR ONE REQUEST ONLY!