



# TUV HA'ARETZ - THE MESIVTA EXPERIENCE

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Please attach recent photo of applicant. [passport style] Thank you.

APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

PHONE # HOME \_\_\_\_\_  
[PARENT] CELL \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
FAX \_\_\_\_\_

BIRTHDATE M/D/Y \_\_\_\_\_ AGE AS OF JULY \_\_\_\_\_

YESHIVA \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_ REBBE \_\_\_\_\_  
PHONE# \_\_\_\_\_

PREVIOUS CAMPS [if applicable] \_\_\_\_\_

FRIENDS WHO HAVE APPLIED? \_\_\_\_\_

HOW CAN YOU ENHANCE OUR PROGRAM? [HOBBIES, TALENTS, STRENGTHS ETC.] \_\_\_\_\_  
\_\_\_\_\_

PASSPORT # \_\_\_\_\_ COUNTRY WHERE PASSPORT WAS ISSUED \_\_\_\_\_

PASSPORT EXPIRATION DATE \_\_\_\_\_

FLIGHT ARRANGEMENTS:  GONG: WITH PROGRAM  ON OWN  
[info] \_\_\_\_\_

**RETURN:** [IF MOSHIACH DOESN'T COME FIRST]

WITH PROGRAM  OWN [info] \_\_\_\_\_

WILL KNOW AT A LATER DATE

	NAME	OCCUPATION	DAYTIME PHONE #	CELL PHONE #
FATHER				
MOTHER				
EMERGENCY CONTACT				

MEDICAL '[DIET]' OR OTHER INFORMATION WE SHOULD BE AWARE OF \_\_\_\_\_  
\_\_\_\_\_

[MEDICAL FORM TO FOLLOW]

**PLEASE RETURN APPLICATION WITH \$250 DEPOSIT [DEDUCTIBLE FROM FEE]. DEPOSIT REFUNDABLE UNTIL APRIL 1 .**

office use only

INTERVIEW DATE: \_\_\_\_\_ PAYMENTS RECEIVED \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

ACCEPTED

WAITING LIST

WWW.TUVHAARETZ.ORG

