

Temple Sinai
URJ Summer Camp
Subsidy Application Form

Name of applicant: _____

Name of parent/s: _____

Parent/s' email address: _____

Name of Summer Camp: _____

Duration of Summer Camp: _____

Cost of the program: _\$_____

Beginning date of the Summer Camp: _____

Subsidy needed by (date): _____

Name of contact at the Summer Camp: _____

Summer Camp contact Phone #: _____

Summer Camp contact email address: _____

Summer Camp website: _____

Summer Camp Address: _____

“We understand that in order of our son/daughter to receive a subsidy from Temple Sinai, I/we need to be a member/members “in good standing” of Temple Sinai.

Parent/s signature: _____
Parent 1 Parent 2

Date of application: _____