



Summer: 284 Orangeburgh Road, Old Tappan, NJ 07675
 Winter: 200 Performance Drive, Suite 203, Mahwah, NJ 07495
 T. 845-357-9423 • info@regeshonline.com • www.regeshonline.com

Rabbi Michael Fink, Director

Masmidim Application: Summer 2019: June 24-August 16

Personal Information (Please Print)

Name:	Date of Birth:
Address:	City/State/Zip:
Telephone:	Social Security:
Cell #:	E-Mail Address:
School:	Grade Entering:
Parents Names:	Rebbe:
Emergency Contact and Telephone:	
Physician Name and Telephone:	

Check all weeks wishing to attend – minimum of 3 consecutive weeks

<input type="checkbox"/> June 24 <input type="checkbox"/> July 1 <input type="checkbox"/> July 8 <input type="checkbox"/> July 15

<input type="checkbox"/> July 22 <input type="checkbox"/> July 29 <input type="checkbox"/> August 5 <input type="checkbox"/> August 12

Applicant Signature:

References:

Reference / Recommendation Letter from your Rebbe is required.

Rebbe's name & contact info:

On a separate sheet of paper, please write a paragraph as to why you should be selected as a masmid at Camp Regesh.



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Masmidim Program

The Camp Regesh Masmidim Program is designed to give the serious high school yeshiva boy a relaxing environment to continue their Torah learning for a half a day under the direct supervision of Talmidei Chachomim who are melamdin during the school year. These selected boys, not to exceed twenty at any one time, are required to be recommended to the program by their Rebbe and must attend the program for a minimum of three consecutive weeks. The second half of the day, the boys will participate in active and supervised camp activities. The boys will be compensated for their participation in this program at a rate of \$55 per week.

All applications must be submitted, with their Rebbe's recommendation no later than May 15th. All applicants will be interviewed by the director of this program. All applicants will be notified by June 11th if they were accepted or not accepted.

In the event I cannot be reached and in the event of a Medical Emergency, I hereby authorize a physician selected by Camp Regesh to secure complete and proper treatment for my son named above.

Parent Signature: _____ **Date:** _____