

CBEYG RETREAT APPLICATION

December 9th – 11th, 2011

Eisner Camp, Great Barrington, MA

The cost for the Retreat weekend is **\$80.00**; please make checks payable to **CBEYG**.

(Per-member subsidy already included for weekend expenses and transportation.)

This event is available **only** to CBEYG members with fully paid dues and completed membership forms!

Please return the completed application and payment in full to the CBEYG Advisor
no later than **Wednesday, December 7th, 2011**

PARTICIPANT INFORMATION

Youth Name: _____

Street Address: _____ Town/City: _____

State: _____ ZIP: _____ Telephone: _____

Youth Email: _____

Parent Email: _____

Transportation: The bus will leave temple mid-to-late afternoon on Friday the 9th; further details will be provided when they become available.

Choose Meal Plan: Regular Vegetarian
 Lactose Intolerant Kosher

HEALTH STATEMENT

In case of emergency, please notify:

Name: _____ Primary phone: (____) _____

Relationship: _____ Secondary phone: (____) _____

Any restrictions on activity or special diet: _____

Any medications to be taken at Camp: _____

Allergies to drugs, food, environment: _____

Any physical or emotional conditions about which the Advisor should be informed: _____

Please contact the Advisor should a more detailed statement be required.

Please contact Brett Kessler, the CBEYG Advisor, at CBEYG.KesslerB@gmail.com if you have any questions.