



# Chemda Application

Address: 5302 15th Ave, Apt. 6A, Brooklyn, NY 11219

Phone: 845-204-8097

Email: [chemdatours@gmail.com](mailto:chemdatours@gmail.com)

## Application Form (1 of 4)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age (as of this coming June): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's place of occupation and position (please specify):

\_\_\_\_\_

Schools attended: \_\_\_\_\_

Grade / # of years post-high school: \_\_\_\_\_

Camps previously attended: \_\_\_\_\_

Describe your personality and aspirations: \_\_\_\_\_

\_\_\_\_\_

Have you ever been to Eretz Yisroel before?

When? For which purpose? How long?

\_\_\_\_\_

\_\_\_\_\_

# Application Form (2 of 4)

## References

*(Please list 2 references, including a מחנכת)*

1. **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Profession:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Profession:** \_\_\_\_\_

**Who would you like to room with?**

\_\_\_\_\_

## Tour Selection

- 10-Day Tour** (July 2 – July 12)
- 3-Week Tour** (July 27 – August 16)

## Passport Information (if available)

*Please note: Passport may not expire within 6 months after the summer.*

**Name as it appears on passport (exact spelling):**

\_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

## Medical Information

**Special medical instructions and allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Are you taking any medications?**

- Yes    No

**If yes, list all medications and dosages:**

\_\_\_\_\_  
\_\_\_\_\_

# Application Form (3 of 4)

## Important Notes

- Applicants are accepted based on suitability and behavior record.
- Applications are not first-come, first-served, and applying early does not guarantee acceptance.

## Fees

- **Registration Fee:** \$250 (non-refundable)
- **3-Week Tour:** \$4,250
- **10-Day Tour:** \$2,700

*Registration fee is included. Airfare is **not** included.*

Chemda Tours works with **Five Star Travel** to secure competitive airfare. Participants are **not obligated** to fly with the group or use the agent.

## Payment Methods (please indicate)

- Check:** Payable to *Camp Sdei Chemed*
  - (Mail- to address above)
  - (Email- Clear scan of both sides)
- Zelle / QuickPay:** chemdatours@gmail.com  
*(Write "Chemda Tours" and the applicant's name in the memo so that we know it's your payment.)*
- Credit Card:** 3% processing fee (request payment link)
- Cash or Check Drop-Off:** By prior arrangement to address at the top of the first page.

 **Please include a photo with your application.**

## Agreement

הננו מאשרים שאנחנו מקבלים עלינו לקיים כל תקנות הנהלת המוסד לטובת חנוך הבנות לתורה ולמצוות, יראת שמים ומידות טובות

I agree to all rules and regulations in adherence to tznius and true Torah chinuch, בעזרה"ת.  
I agree to cooperate with all time limits and curfews.

**Parent's Signature:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

# Application Form (4 of 4)

## Authorization and Release of Liability

### Medical Waiver and Disclaimer

1. I authorize Chemda / Camp Sdei Chemed and its staff to seek or administer medical treatment as deemed necessary. I understand that Chemda / Camp Sdei Chemed assumes no responsibility or liability for medical treatments, insurance claims, or related expenses, including travel or transportation costs.
2. I will inform Chemda / Camp Sdei Chemed of all medical and/or mental health conditions and related medications prior to the tour. *(All information will be kept confidential.)*
3. I agree to immediately notify staff of any illness or injury during the tour.
4. Chemda / Camp Sdei Chemed is not responsible for losses, damages, personal injury, illness, accidents, death, theft, or property damage during the tour. This includes cancellations or itinerary changes due to illness, weather, war, military action, strikes, flight changes, or other circumstances beyond its control.
5. Chemda / Camp Sdei Chemed is not responsible for lost luggage. Participants must file claims directly with airlines and bear any related costs.
6. Chemda / Camp Sdei Chemed reserves the right to dismiss any participant for disciplinary, security, or medical reasons. Return travel will be at the participant's expense.

I, (full name) \_\_\_\_\_, have read and agree to all the above terms and conditions. I hereby release Chemda / Camp Sdei Chemed and its agents from all claims and liabilities for the duration of the tour.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_