



Paper Registration Form

Please reserve a spot for me on:

- Achva East (post 8th)
- Achva West (post 9th)
- Achva Israel (post 10th)
- Achva Mini (post 7th)

_____ Male Female

Applicant's Name

Address

City

State

Zip Code

Home Phone Number

Applicant's Cell Number

_____ Birthday ____/____/____

Applicant's e-mail

Current School Attending

Grade

Most Recent Summer Camp

of years there

Parents' E-mail

Parent's Cell Phone

Mom Dad

Synagogue Affiliation

To reserve your space, a deposit of \$500 (\$150 for Mini) must accompany this form. This deposit is not refundable after certain dates. Please see the financial information for the applicable program on the Achva web site for details and the full refund schedule.

Please mail this completed form, together with a check payable to Achva, to the following address:

Achva
50 Eisenhower Drive, Suite 102
Paramus, NJ 07652

Need more information? Call 212 929-1525 x181. Thanks!