



Phone 514.616.0683 | Email CAMPTZAFONA@GMAIL.COM
Address 2442 ETERS MONTREAL, QC. CANADA H3S 1C9 | 1050 14TH ST LAKEWOOD NJ 08701

July 2 – 18
August 12 – 28

Camp Tzafona Staff Application

Name: _____
Age: _____
Address: _____
High School attended: _____
Camp(s) attended: _____
Seminary attended or attending: _____
With whom are you applying? _____

Please describe why you think you would make a great Supe, and what you can contribute to our camp.

List of 5 references and how you know them. Include a teacher, Mechaneches and a camp reference (not including neighbors, relatives etc.) Please list cell phone numbers only.

Name_____	Relation_____	Phone_____
Name_____	Relation_____	Phone_____
Name_____	Relation_____	Phone_____
Name_____	Relation_____	Phone_____
Name_____	Relation_____	Phone_____

Looking forward to hearing from you,

Mrs. Bicky Aisenstark

Director @ Camp Tzafona

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