

**Application Form for
“International Summer Science Camp In The Galilee” - 2010**

**To register, please complete this application form,
enclose a passport size photograph and nonrefundable deposit of \$200 and mail to:**

Galilee Science Education Center
P.O.B. 831 Kiryat Shmona, 11016, Israel

Please send us an email when your application is in the mail!

Personal Data (Please Print):

Requested Session: (July 4-8, July 11-15, July 18-22, July 25-29, August 1-5) _____

Camper's Information

First name: _____	Last Name: _____
Birth date: _____	Current Grade: _____
Gender: _____	Email: _____
Address: _____	
City: _____	State: _____
Zip Code: _____	Country: _____
Telephone: _____	Fax: _____

Father

Name: _____

Email: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Mother

Name: _____

Email: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

How Did You Learn About Our Summer Camp?

- WWW
 From a past participant
 Through school
 The Jewish Agency
 Other: _____

School Name: _____

Address: _____

City: _____ Zip: _____ State: _____

School Phone: _____ Principal's Name: _____

Science Teacher's name: _____ Phone: _____

High School Science Courses and grades: _____

Linguistic Skills:

[Please fill in where appropriate: - none / poor / fair / good / fluent]

	Understand	Speak	Read	Write
English				
Hebrew				
Other:				

Camper's signature: _____

Parent's signature: _____

Acceptance is conditional upon a letter of recommendation and a medical examination.

Drinking, smoking and substance abuse are forbidden.

Galilee Science Education Center

Migal Building, P.O.B. 831, Kiryat Shmona, 11016, Israel

Tel: +972 4 6953500, Fax: +972 4 6953590, summercamp@migal.org.il, www.edugal.org.il/english/