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24th Annual International Summer Camp Application Form

Date: August 1st-14th, 2026

Location: Aida Refugee Camp • Bethlehem, Palestine

Tel 00972-2-2750789 • Fax 00972-2-2776446 • E-mail: Mejd Azzeh <internationalcamp@lajee.org>

CAMP ATTENDEE INFORMATION

First Name: _____ Last Name: _____

Gender: Female Male Self-Describe: _____ Date of Birth: _____

Country of Citizenship: _____ Country of Residence: _____

Telephone #: _____ WhatsApp #: _____

Email: _____ Profession/Career: _____

Are you a student?: No Yes – Course of Study: _____

Native Language(s): _____ Other Language(s): _____

Shirt Size: Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Dietary Restrictions: None Vegetarian Vegan Food Allergies: _____

EMERGENCY CONTACT PERSON

First Name: _____ Last Name: _____

Country of Residence: _____ Telephone: _____

Email: _____ Relationship: _____

MEDICAL INFORMATION (preferred but not required)

Medications: No Yes: _____ As Needed Daily

Emergency

Allergic to any medications: No Yes: _____

Notable medical conditions: None Diabetes Asthma Heart Other: _____

Misc. Information: _____

Signature (written or electronic): _____ Date: _____

How did you learn about our camp?

Have you ever visited Palestine before? No Yes [tell us about your visit]

Have you ever participated in a volunteer camp before? No Yes [tell us about your experience]

What do you hope to achieve by participating in this camp?

Are there any particular topics you would like to learn about?

Please tell us more about yourself and your interest in learning about Palestine.

Do you have any skills you feel may be beneficial to the Aida community?