

Counselor In Training Information Form

Please fill in missing information and make changes to incorrect information.

Last Name: _____

First Name: _____

Address: _____

Home Phone: _____

Cell Phone (optional): _____

Email: _____

T-Shirt Size: Small Medium Large XL XXL

5 Days Requesting off: _____

(This can be emailed at a later date but must be request prior to the first day of camp.)

List 2 persons to contact in case of emergency:

Emergency Contact #1 _____

Name:

Phone:

Emergency Contact #2 _____

Name:

Phone:

Signature: _____

Date: _____