*Must be 15 years of age or older by the start of camp

Date:	New or Returning(Please circle one)	T-shirt Size:	S M	1 L	XL	XXL
Name:		_ Date o	f Birth:			
Address:						
Home Plone:	Cell	Phone:			-	
School:	<u> </u>	ade:			_	
Email Address:						
•	hat this is an active email address hat yoution with my volunteer staff.)	u/your parents check				
Are you able to atter (If not, please specify	nd the MANDATORY Camp Orientation y why)	? (end of June) Yes	No			
Are you available š						
Session 2: 7/1 ì – 7/2	-				No	
If you answered no, t	to any session please specify why					
Can you wim? (Volunteers are expe	ected to go into the water EVERYDAY!)	Yes	No			
Will you need transp	ort.7 (I (t)170612).99.042y7.88 -27.2Tf -	0170612y 7 .88 -27.2T	f -0 1 7061	2.04(e)- 6 6	58r	8

- Do you have any experience working with children?
 a. If yes, please explain.

Yes

No

2. Do