

# High Seas Expedition

## COUNSELOR APPLICATION RISING SEVENTH GRADERS & UP JUNE 21-25, 2010

	OFFICE	USE	ONLY	
	Date Paid	Check	Cash	Sch
Kamp				
Cd's				
Xtra Shirt				

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SEX: M / F AGE \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent (s) Name \_\_\_\_\_

IN EMERGENCY CONTACT: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If you are not an active member of St. Paul's, a reference is needed.

Name \_\_\_\_\_

Relationship to counselor \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Have you been a counselor before? \_\_\_\_\_

Are you available to help the week before Kid's Kamp? \_\_\_\_\_

Why do you want to be a counselor? \_\_\_\_\_

Do you have an age preference to work with? \_\_\_\_\_

Are you able to commit to the entire week of Kid's Kamp? \_\_\_\_\_

**T-SHIRTS \$10.00**

**MUST BE SUBMITTED WITH REGISTRATION FORM**

**IN ORDER TO GUARANTEE A T-SHIRT, REGISTRATION PAYMENT MUST BE RECEIVED BY June 6th.**

**T-SHIRT SIZE AXL AL AM AS YL YM YS**

Please contact Tina Smith 873-1991 or Allison Barnes 312-5601, if any questions.

