



SportsCamp 2011

SportsCamp - Counselor in Training Application

NAME: _____
(LAST) (FIRST) (M.I.)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ Date of birth: _____ E-Mail: _____
Month/day/year Print Clearly

Name of School: _____ Name of Parish: _____

Requirements:

The candidate for the Counselor in Training Program must:

He/she must at least 16 years of age.

He/she must have at least 2 seasons of prior experience as a camper.

Date(s) Previously Attended **SportsCamp**: _____

Preferred Week: Basketball (July 3-7) _____ Soccer (July 10-14) _____ Both (July 3-14) _____

References (3)...Please include the names and addresses of people who are familiar with your ability to work with other teens and adults (other than your pastor).

NAME	ADDRESS	PHONE	POSITION
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1. _____

2. _____

3. _____

SIGNATURE: _____ DATE: _____

Applicants are required to submit the following with this application:

1. Letter of recommendation from their pastor stating the applicant's participation in Church.
2. A letter of intent stating why the candidate wishes to be a Counselor in Training. Please include in this letter your hopes and expectations, as well as how you can contribute to the camp experience as a whole.

Please return completed application, letter of intent and recommendation letter from your pastor by June 1, 2011 to:

Office of Youth Ministry
PO Box 369
Ogdensburg, NY 13669