Jordan Lake Boating Camp 2017 Counselor Application

First Name	Last Name	D.O.B	_// M /F
Address			
Cell Phone	Home Phone	Email	
Emergency Contact #	1Cell_		_ Relation
Emergency Contact #	2 Cell _		_ Relation
Medical information that Don needs to know for emergencies:			
This information is confidential (Don and Asst. Director would know)			
applicants desired tim exception dates.	Camp is held in 10 one-week s ne off. Please indicate the we LBC (ages 9-14) Junior JLBC	eks you are able to work	<. Write in any specific
	be available): June 7 – 9	(uges s = 0) <u></u> of som	
Available: Week #1: Jun Week #2: Jun Week #3: Jun Week #4: July Week #5: July Week #6: July Week #7: July Week #8: July Week #9: Aug Week #10: Aug	e 19-23 e 26-30 3-7 10-14 17-21 24-28 31-Aug 4 5 7-11		

EXCEPTION DATES REQUESTED: _____

This application must be emailed as a pdf to <u>don@jordanlakeboatingcamp.com</u> by April 15, 2017 to be considered.

Signature of Applicant ______