



BOYS & GIRLS CLUB
OF MERIDEN



Summer Camps

Junior Counselor Application Form

Name _____ Sex: M F Phone #: _____

Address _____ Age: _____

City _____ State _____ Zip _____ Birthdate _____

E-mail: _____

Emergency contact: _____ Daytime Phone #: _____

Address: _____ Relationship : _____

School: _____ Grade: _____ G.P.A. _____

Extracurricular activities you are involved in: (In or out of school) :

Are you currently a member of the Boys & Girls Club? Yes No Member #: _____

Have you attended Cuno Camp before? Yes No Number of Years: _____

Have you been a Junior Counselor at Cuno Camp before? Yes No Number of Years: _____

Weeks wishing to attend: (check off)

____ Week 1: (June 25 - 29)

____ Week 2: (July 2 - 6)

____ Week 3: (July 9 - 13)

____ Week 4: (July 16 - 20)

____ Week 5: (July 23 - 27)

____ Week 6: (July 30 - Aug. 3)

____ Week 7: (Aug. 6 - 10)

____ Week 8: (Aug. 13 - 17)

____ Week 9: (Aug. 20 - 24)

Parents/Guardians: To the best of our knowledge the information on this application is correct and we hereby give our consent for the applicant named to participate in any or all of the normal camp activities including any half day field trips the camp may take on rainy days.

Guardian's
Signature _____ Date _____

Staff use Only:

Weeks accepted for: ___1___2___3___4___5___6___7___8___9

Member: Y N Dt. Joined _____

Please make sure to take and fill out a medical form.