

Town of Esopus Summer Camp Counselor Application

Name: _____

Home
address: _____

Mailing
Address: _____

Home Phone _____ Cell Phone _____

Email address _____

Age as of June 27, 2016 _____

Do you have any limitations or medical conditions that we should be aware

of? _____

Experience as a Camp Counselor: _____

Activities you would like to Teach(T) or Lead(L) at Camp (Indicate by letter can be more than 1)

Aerobics

Arts & Crafts

Kickball

Baseball

Lacrosse

Basketball

Nature

Dance

Singing

Dodge Ball

Soccer

Drama/talent

Softball

Field Hockey

Story Telling

Fitness

Tennis

Football

Volleyball

Whiffleball

Other: _____

3 REFERENCES:

Name	Official Position	Address	Telephone #

