

CAMP ST. CATHERINE 2019



VACATION BIBLE CAMP SENIOR COUNSELOR REGISTRATION FORM

(Senior Counselor = Completed 9th grade & up in June 2019)

DATE: Monday, July 8 – Friday, July 12 **TIME:** 8:30 a.m. to 1:00 p.m. **PLACE:** St. Catherine of Siena Church

Counselor's Last Name _____ First name _____ M F
Please Circle

Current Age _____ Grade completed June 2018 _____

Father's Name _____ Mother's Name _____

Mailing Address _____ City _____ Zip Code _____

Home Telephone # _____ Counselor's previous camp St. Catherine's experience _____

Father's Work # _____ Mother's Work # _____

Father's Cell # _____ Mother's Cell # _____

Email address _____ City _____ Zip Code _____

To be completed by Counselor: (Please read before signing)

I, _____, understand and agree that I must attend counselor training **on Thursday, June 20, 2019 from 6:00 to 7:00 pm at St. Catherine of Siena Church.** In this position as a camp counselor, I represent the Catholic Church and I will be a role model to my younger brothers and sisters in Christ. This is part of my way of sharing of my time and talents as I continue on my faith journey. **I also understand that I must arrive by 8:30 am and that my day is complete at 1:00 pm each day.** I accept that I must be available each day Monday through Friday.

Signature of Counselor _____ Date _____

My preference of grade level I would like to work with (no guarantees) _____

Please continue registration on back of page!!

Please Complete & Return Registration By: June 7, 2019
To Elizabeth Knipe at St. Catherine of Siena Church

