

Volunteers

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-Mail: _____

Telephone: _____ Sex: M F

Birth Date: _____ Age: _____

Circle Preference:

Week 1

Week 2

BOTH

Counselor

Volunteer (other)

Circle Camp T-Shirt Size: (Pre-Ordered)

S

M

L

XL

XXL

First Year Counselors Only:

Please submit three written letters of recommendation with application.

Parent/guardian signature is required below, if under 18 years of age:

Date: _____

Complete and return to:
Camp ReCreation
PO Box 26
Richardton, ND 58652