



CAMP BIL-O-WOOD JC/AC APPLICATION

I WISH TO APPLY FOR:

ASSISTANT COUNSELOR _____

JUNIOR COUNSELOR _____

PLEASE COMPLETE THE FOLLOWING

NAME: _____ AGE: _____

ADDRESS: _____
STREET CITY STATE/ZIP

EMAIL: _____

PLEASE PROVIDE A REFERENCE FROM HIGH SCHOOL TEACHER, PRINCIPAL OR HIGH SCHOOL/COLLEGE COUNSELOR. PLEASE INCLUDE A NAME, ADDRESS AND EMAIL. **IF YOU WERE A BIL-O-WOOD CAMPER IN THE PREVIOUS YEAR, A REFERENCE IS NOT NECESSARY.**

PLEASE INCLUDE A BRIEF DESCRIPTION OF THE REASONS YOU WISH TO CONTRIBUTE AS A BIL-O-WOOD JC OR AC. USE THE BACK OF THE FORM IF EXTRA SPACE IS NEEDED.

PLEASE LIST YOUR EXTRA CURRICULAR ACTIVITIES AND ACTIVITIES YOU FEEL YOU COULD HELP INSTRUCT OR INTRODUCE TO BIL-O-WOOD.

APPLICANT: IN SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO ACCEPT BIL-O-WOOD'S HIGH STANDARDS AND QUALIFICATIONS AS OUTLINED IN THIS DOCUMENT.

SIGNATURE OF APPLICANT DATE: _____

PARENTS: I/WE UNDERSTAND THAT MY DAUGHTER/SON _____ HAS APPLIED FOR THE ABOVE, AND I/WE ARE FULLY IN ACCORD WITH THE REQUEST.

SIGNATURE OF PARENT(S) DATE: _____