

Camp ECCO - Junior Camp Application

Year: _____ Date of Application: _____

Name: _____ Age: _____

Address: _____ Gender: M F

City: _____ ST: _____ Zip: _____

Phone: _____ E-mail: _____

Church Affiliation: _____

Check all that apply:

- Attend church regularly
- Pray
- Study your Bible
- Support your church financially
- Share Christ's love in word & deed

Check your interests:

- Sports
- Music
- Crafts
- Teaching
- Team/ Individual games
- Drama

Are you Attending: Senior Camp
 Intermediate Camp

Are you Counseling at: Senior Camp
 Intermediate Camp

How many weeks are you attending camp this year (including ReVamp & U-Lead)? _____

What areas can you fill: (if you can help in multiple places - that would be great)

Sr. Counselor	Jr. Counselor	Crafts	Snack Shack help
Music leader	Sports leader	Games leader	Teacher
Nurse	Life guard		

Do you have a current Lifeguard certificate: _____

Are you CPR trained: _____

Do you have any medical training: _____

