

NAME_	HOME TEL#
ADDRES	SCITY/STATE
AGE	DATE OF BIRTHGRADE NEXT FALL EMAIL
LIST PRE\	VIOUS CAMP EXPERIENCE
ARE YOU	J A MEMBER OF CEDARDALE?
program some of t C.I.T., C.I. take dire excepted	egin our 26th summer at the Cedarland facility, we are continuing to work to improve our C.I.T This year all C.I.T.'s will have the opportunity to assist with the campers as will as participate in the instructional activities. In order to have a very positive experience for the campers and the .T.s need to be prepared to participate in all activities with campers, perform cleaning tasks, and ction from paid camp staff. Cell phones will not be allowed and excellent attendance is d. New C.I.T.'s will have a tuition fee which is half the price of the four week full day campers. In C.I.T. is would not pay any tuition but must be invited by the Camp Director.
_	S:  CHECK THE FOUR WEEK SESSION THAT YOU WISH TO BE A C.I.T.  FIRST FOUR WEEKS  JUNE 27 - JULY 22  SECOND FOUR WEEKS  JULY 25 - AUG 19
	FUITION FOR PRE-SCHOOL C.I.T. (AGES 14-15) \$380.00 FUITION FOR FULL-DAY C.I.T. (AGES 14-15) \$665.00
All C.I.T's and inter Departm	are hired at the director's discretion. Selected candidates will be contacted by phone or email views may be arranged. All C.I.T.'s, campers and staff are required by the Board of Health ent to complete a Health examination form prior to their first day of camp. Health Forms will be ad to the C.I.T. applicants once tuition is paid.
AGE GRO	DUP PREFERENCE:4-56-78 and over
T-SHIRT SIZ	ZE:
	ST AREAS OF INTEREST/EXPERIENCE: mmingarts 'n craftstennisraquetballsoftball/baseball
mus	sic/dramanaturedancesoccerother
Please lis	t any extracurricular activities you participate in:
Please lis	t any experience you may have with babysitting children: