

Tilden Summer Camp Counselor Application

Mandatory Counselor workshop from June 26 – July 1

Boy's Name: _____ Date of Birth: _____

E-mail: Family _____ Student: _____

Entering Grade: _____ GPA: _____ School now attending _____

Name of Parent(s)/Guardian(s) _____

Home Address _____

City _____ State _____ Zip _____

Cell : Parent _____ Counselor _____

Hobby classes you are interested in helping to lead. Please number your first two preferences, with "1" being your first choice.

- Scale Models Drawing Moviemaking Self-Defense
 Biology Lab (Bugs, Bacteria, and DNA)

Camp Dates: July 2-8

I, the (parent, guardian) of the boy named above, hereby delegate authority to the Director of the Tilden Summer Camp to arrange whatever medical treatment he deems necessary during his stay at the camp. I also authorize the use of photographs that may be taken of my son during the camp for future promotional activities of the Tilden Summer Camp.

Signature of parent: _____ Date: _____

Please indicate any allergies or other health factors that should be known by the program director:

Medical Insurance Data:

Mail application by the April 18 deadline to:

Tilden Summer Camp
655 Levering Ave.
Los Angeles, CA 90024