

2010 Congregation B'nai Israel - Camp Shelanu C.I.T. Application

Please complete one application per **Counselor In Training (C.I.T.)** Incomplete applications will not be processed.

Deadline: May 9, 2010



The C.I.T. program is for students entering 9th and 10th grade.
 C.I.T.'s have an opportunity to attend camp and receive volunteer experience.
 C.I.T.'s will help with camp activities under adult supervision.
 C.I.T.'s must be available to work from **9:00 a.m. to 4:00 p.m.**
 C.I.T.'s must attend the entire week.

The session will run from July 5 – July 9. There is a **\$ 75 fee**

SEND APPLICATIONS TO: CBI - Camp Shelanu 3600 Riverside Blvd. Sacramento, CA 95818

C.I.T. Name:

first
m. i.
last

Birthdate: Grade entering in Fall 2010: Male: Female:

Parent/Guardian 1:	<input style="width: 100%; height: 20px;" type="text"/>	Home phone:	<input style="width: 100%; height: 20px;" type="text"/>
Mailing Address:	<input style="width: 100%; height: 20px;" type="text"/>	Work phone:	<input style="width: 100%; height: 20px;" type="text"/>
City, State, Zip	<input style="width: 100%; height: 20px;" type="text"/>	Cell phone:	<input style="width: 100%; height: 20px;" type="text"/>

Parent/Guardian 2:	<input style="width: 100%; height: 20px;" type="text"/>	Home phone:	<input style="width: 100%; height: 20px;" type="text"/>
Mailing Address:	<input style="width: 100%; height: 20px;" type="text"/>	Work phone:	<input style="width: 100%; height: 20px;" type="text"/>
City, State, Zip:	<input style="width: 100%; height: 20px;" type="text"/>	Cell phone:	<input style="width: 100%; height: 20px;" type="text"/>

C.I.T. lives with: Both Parents: Parent/Guardian 1: Parent/Guardian 2:

Are you a current member of Congregation B'nai Israel? Yes: No: C.I.T. Cell #:

Please describe any allergies or special needs:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF MY C.I.T. IS IN GOOD PHYSICAL HEALTH AND IS CAPABLE OF PARTICIPATING IN CAMP ACTIVITIES, INCLUDING SWIMMING, FIELD TRIPS AND OTHER VIGOROUS PHYSICAL ACTIVITY. I HEREBY AUTHORIZE MY C.I.T. TO PARTICIPATE IN SUCH ACTIVITIES.

Signature of Parent or Guardian: _____ **Date:** _____

Office Use Only, please do not write below this line.

Date application received: Amount received: Check #: