



2010 APPRENTICE COUNSELOR SCHEDULING WORKSHEET

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Parent's Name _____ Daytime Phone _____

Please mark all weeks you are available to work:

- | | | | |
|-------------------|-----|-----------------|-----|
| 1. June 7-11 | [] | 6. July 12-16 | [] |
| 2. June 14-18 | [] | 7. July 19-23 | [] |
| 3. June 21-25 | [] | 8. July 26-30 | [] |
| 4. June 28-July 2 | [] | 9. August 2-6 | [] |
| 5. July 5-9 | [] | 10. August 9-13 | [] |

Of the marked weeks, how many weeks are interested in working? (at least 6) _____

Please list any sports or specialty camp in which you would be interested in working:

I will try to give you the weeks that you have requested. I will not schedule you for any weeks that you did not request. You will receive a schedule at the training. This schedule will finalize the weeks that you will be working.

Please return with payment of \$45.00, to Brad Cripe, 5804 North Main Street, Rockford, IL 61103, by May 15, 2010. Registrations received after May 15 will be assessed an additional \$15 late fee.

Thank you,

Brad Cripe
Camp and Adventure Director