

## 2018 L.I.T. APPLICATION

Name	Age
Date of Birth:	E-Mail:
Address	Zip Code
Cell Phone	
Parent/Guardian Name(s)	
job for which you have applied? Yes	
School currently attending:	
What Grade Are You Entering Next Fall?	?
Are you taking (or have taken) any specia camp? If so, what are they (include date r	al training, subjects, or courses that would be of interest to received and date of expiration)?
Why do you want to be involved in the LI	T program?

<OVER>

What do you feel you would contribute to the Camp Middlesex community?

Will you be able to attend the L	IT Training (June 1-3, 2018)?	Yes No
	or dates, and indicate your first a 3 will only be open if there are en	nd second choice for the LIT session hough applicants):
Session #1 (Weeks 1 & 2)	Session #2 (Weeks 3 & 4)	Session #3 (Weeks 5 & 6)
If you cannot attend one of the a	above sessions, please indicate wl	ny below:
Applicant Signature:		Date
Parental Agreement: I have read my son/daughter to become a par		amp Middlesex. I grant permission for
Parent/Guardian Signature:		Date
send any money at this tim asked to put down a depos	send this application to the ne. If you are accepted into it to reserve your space. Ap early May. Applications ar	pplicants will be notified of

Camp Middlesex PO Box 185 Ashby, MA 01431