

## 2018 Youth Leadership Camp Application June 25<sup>th</sup> – June 29<sup>th</sup> at Camp Thompson, Gardners, PA

Name:		Age: School:
Home address:		
Parents/Guardians na	ame(s):	
Parents/Guardians P	hone(s):	E-mail:
Student phone (if applicable):		E-mail:
What grade will you	be going into in the fall o	of 2018?
Best time(s)/number(	s) to contact you regard	ing an interview for Camp?
	, club leaders, guidance c family members.	d. These are people who can speak positively on your behalf. They can be ounselors, school administrators, teachers, employers, etc. <b>The</b>
	Name of reference #	1:
	Phone:	E-mail:
CFY	How do you, the applicant, know this person?	
YOUTH COALITION	Name of	reference #2:
of adams county	Phone:	E-mail:
		plicant, know this person?
Below, please check a	all that apply:	
I read	the information about the	Youth Leadership Camp and CFY Youth Coalition.
I am ii	nterested in <b>joining the C</b>	FY Youth Coalition and being involved year around
I am in	terested in challenging m	yself to grow through new experiences.
I unde	rstand that space may be	limited and that this application does not guarantee enrollment.
		Parent Name (printed):
Vouth signature		Parent Signature

## **Applications due June 4, 2018**

Applications may be submitted by e-mail: <a href="mailto:office@cfygettysburg.com">office@cfygettysburg.com</a>, by fax: 717-338-0304; or by mail: Collaborating for Youth, Attention: Youth Coalition Leadership Camp, PO Box 3576, Gettysburg, PA 17325