

# COUNSELOR APPLICATION

Flamig Farm  
 Shingle Mill Road  
 West Simsbury CT 06092

First Name	
Last Name	

Street Address	
City/Town	
State	

Your Email	
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Phone	Area Code	Number

Your Birth Date	Month	Day	Year

Why would you be a good CIT? What experiences have you had that would add value?

Indicate your Session(s) Preference by Placing 1, 2, 3 below. (1 is your first choice)

Your Pref	Week #	Date
	1	June 22-June 26
	2	June 29-July 3
	3	July 6-10
	4	July 13-17
	5	July 20-24
	6	July 27-31
	7	August 3-7