2022 HEAD COUNSELOR APPLICATION

Flamig Farm Shingle Mill Road West Simsbury CT 06092

First Name					
Last Name					
		T			
Street Address					
City/Town					
State					
Your Email					
					1
Phone	Area Code	Number			
Your Birth Date		Month Da	ау	Year	1
			,		
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Why would yo	ou be a good He	ad Counselor? W	hat e	experiences	have you had that would add value?
Indicate your	Session(s) Prefe	rence by Placing 1	L, 2, 3	B below. (1	is your first choice)
Your Pref	Week #	Date			
	1	June 20-June 24			
	2	June 27-July 1			
	3	July 11-July 15			
	4	July 18-July 22			
	5	July 25-July 29			

Please Note: There is no camp the week of July 4th!

August 1-August 5
August 8-August 12

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