PVPA CONSERVATORY - SUMMER 2024 - CAMP COUNSELOR APPLICATION

*Please write legibly.

Name		Age	_T-Shirt Size (Adult Sizes, XS-XL)
Student Cell Phone	Stud	lent E-mail	
School_		Grade	
Guardian Name/Relationship			
Guardian Cell Phone	_Guardian E-mai	il	
Do you have a valid driver's license?:		☐ Yes	□ No
If no, do you have reliable transportation of	ptions?:	☐ Yes	□ No
Session(s) you are interested in (Check all the	hat apply):	☐ June 17-28☐ July 22-Aug 2	☐ July 8-19
Have you been a counselor at PVPA before	?:	☐ Yes	□ No
If yes, is there a specific job you would like?): 		
Have you been a counselor at other camps/	schools?:	☐ Yes	□ No
Tell us three of your best attributes:			
Create a song title that best describes you:			
By signing below, I understand that present to all camp sessions selected 4th at 4pm. Full attendance is mand 2pm and you will be called from 9: day of each camp. You may be called	ed for and ag atory for pa 15am-2:30p	gree to participal rticipation in this m Monday-Frida	te in a training session on June s program. Camp is from 10am- y and 9:15-4:30pm on the last
Student Signature		Da	ate
Guardian Signature		Da	ate