

_____ Counselor's Last Name

2010 CSA Junior Sailing Camp Staff Application

Name _____ Phone _____

Edress _____@_____

I am planning to help with Sail Camp in 2010: Yes _____ No _____

I would like to help in the following areas (mark all that apply):

_____ Instructor, Beginner _____, Intermediate _____, Advanced _____

(US Sailing Certified Instructor Yes _____ No _____)

_____ PM Camp Chaperone: (circle): Sun, Mon, Tues, Wed, Thur, Fri

_____ Firecracker Regatta Race Committee (Saturday 19 June)

_____ Firecracker Regatta On-Shore Committee (Saturday 19 June)

_____ Kitchen Help

_____ Boat Repair

Any ideas, concepts, changes you would like to recommend. _____

Polo Shirt Size: Sm _____, Med _____, Lg _____, XL _____, XXL _____

Or

T-Shirt Size: Sm _____, Med _____, Lg _____, XL _____, XXL _____

I will attend organizational meeting(s) before camp. Yes _____ No _____. The best night(s) for me for meetings (circle): M T W Th F S S.

This year each adult that is part of camp will have an agreed job/responsibility prior to the beginning of camp. We must limit the number of adults in order to maximize the number of campers that we can serve, and not overtax the facilities.

Thank you for volunteering,

Return this form as soon as possible to: David Crosby, 40 Shadowridge Drive, St. Peters, MO, 63376, or email to davidcrosby@charter.net.