

CAMPER INFORMATION

Last Name	First Name		Initial
Address	City/Province	Postal Code	Home Phone
Camper Email			
Birth Date: _____ year / month / day			

PROGRAM SELECTION

LD2-July 2-27
 LD2-July 30-August 24
 LDX -July 24-August 24

CAMPER BACKGROUND INFORMATION

List previous camp experiences:

What are your extra-curricular activities and special interests?

What have you done for the past three summers?

2011

2010

2009

What are your three strongest camp-related skills?

1.

2.

3.

List any experience that you have leading children and/or peers:

Describe a characteristic of yourself that you would like to change or work on this summer:

Why is participating in the Leadership program important to you?

When do you plan to obtain your Bronze Medallion Lifesaving certification? If you have already please include a copy of your certification with this application.

REFERENCES

Please list two references (other than relatives and Y Camp Thunderbird employees)

Last Name	First Name		Relationship
Address	City/Province	Postal Code	Phone

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Please check if applicable:

I give Camp Thunderbird permission to contact leaders/administrators of camps I have previously attended.

Please return completed form to:

By mail: YMCA-YWCA of Greater Victoria
 Y Camp Thunderbird
 851 Broughton Street
 Victoria BC V8W 1E5

By fax: 250-380-1933

Thank you for your interest

PRIVACY POLICY

At the YMCA-YWCA of Greater Victoria, your privacy is, and always has been, very important to us. We are dedicated to providing you with superior service while protecting your privacy and safeguarding your personal information by following responsible information handling practices in keeping with privacy laws. Please refer to our *Privacy* flyer for more information.