

Camp Evangekids 2018

July 16-20

COUNSELOR FORM

Cost: **NO CHARGE!** (LIMITED AMOUNT OF COUNSELORS WILL BE CHOSEN!)

All counselors must have a background check done prior to approval.

Name: _____ D.O.B: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Home Church: _____ Pastor: _____

E-mail: _____ T-shirt Size: _____

Medical History: Please list below any known food, drug, or other allergies that you may have: _____

Counselor Signature: _____ Date: _____

**** If you are willing to drive your church vehicle for transportation purposes during camp please include the following information:**

State DL#: _____ Insurance Carrier: _____ Policy#: _____

Personal Testimony: _____

Please mail this form along with 3 reference forms (one from a pastor) and background form to:

**Camp Evangekids
P.O. Box 66
Louisville, TN 37777**