

QUAKER LEADERSHIP SUMMER WORKCAMP

APPLICATION FORM

Work Camp Name: _____

Work Camp Date: _____

NAME _____

BIRTHDATE ___/___/___ SEX M ___ F ___

ADDRESS _____

HOME TELEPHONE (_____) _____

EMAIL ADDRESS _____

IF UNDER 18, NAME OF PARENT OR GUARDIAN _____

PARENT/GUARDIAN SIGNATURE INDICATING PERMISSION TO ATTEND (We are unable to consider your application without the consent of a parent or guardian.)

_____ DATE _____

Phone for parent or guardian: (_____) _____

E-mail for parent or guardian: _____

IF A STUDENT, NAME OF SCHOOL

Do you belong to a Monthly Meeting? Yes ___ No ___

If yes, which one? _____

What background, skills or experience do you bring to this program?

In the space provided or on a **separate page**, please indicate why you would like to attend this workcamp.

FOR FURTHER INFORMATION: Please contact: Paula Kline • kline.paula@gmail.com

Mail your application form with a \$75 non-refundable deposit by check to:

Westtown School, Attention: QLP 975 Westtown Rd, Westtown, PA 19382-5700 by **March 1st**