girl scouts of central maryland

Please complete and return to:
Alaina Reeves
Girl Scouts of Central Maryland
4806 Seton Dr.
Baltimore, MD 21215
camp@gscm.org

Camp Conowingo Leadership Program CIT/ WIT I Application

Name _____ **Camp Name (nickname)** _____

Address _____

_____

Email _____

Birth date _____ **Telephone #** _____

Parent/Guardian name(s) _____

_____

Sibling name(s) and age(s) _____

_____

School name_____ **Grade in September**_____ **Graduation Year** ____

Extra-curricular activities: _____

_____

_____

_____

_____

_____

Training/Certifications completed (i.e. lifeguard, babysitter): _____

_____

_____

_____

_____

_____

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Hobbies:_____

_____

_____

_____

Camp experience, location, and dates:_____

_____

_____

Work experience and position (also list address):_____

_____

_____

Wrangler-in-Training ONLY: Please provide a description of your horse experience including lessons, riding, showing, other programs, etc.: _____

_____

_____

List three references, full address, email, and telephone number (not related to you):

Name: _____ Email: _____ Phone: (____)_____

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Name: _____ Email: _____ Phone: (____)_____

Please write an essay about your strengths and weaknesses and how they will attribute or pose a challenge to you if you are chosen as a Leadership camper at Camp Conowingo. (please attach separate sheet of paper)

_____ _____

SIGNATURE **DATE**