

**CHALLENGE CAMP**  
**COUNSELOR IN TRAINING INFORMATION**  
(To accompany registration)

Carole Berman  
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Yonkers, NY 10704

phone 914-779-6024  
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Marcy@challengecamps.com

Please write clearly:

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

High School Name \_\_\_\_\_ Present grade \_\_\_\_\_

Date of birth \_\_\_\_\_ Age by June 1st \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been a part of a Gifted/Talented program or classes? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

My best class is \_\_\_\_\_

My favorite sport is \_\_\_\_\_

JV/Varsity sports I play \_\_\_\_\_

After school clubs/activities I participate in \_\_\_\_\_

\_\_\_\_\_

Academic honors/awards I received \_\_\_\_\_

\_\_\_\_\_

Community service/activities I am involved in \_\_\_\_\_

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Work/camp experience I have \_\_\_\_\_

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My other family members are \_\_\_\_\_

Who was your favorite teacher and why? \_\_\_\_\_

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What qualities do you possess that would make you a good Counselor in Training? \_\_\_\_\_

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The information I have given above is correct and I am drug free. Providing Challenge Camp with false information would prohibit me from participating in the Counselor in Training program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please email your application to:

[Marcy@challengecamps.com](mailto:Marcy@challengecamps.com)

or

Mail your application to:

Challenge Camp, 1250 Central Park Avenue, Yonkers, NY 10704

