Village/JC/Summer Camp/Seminar Camp Notice of Selection

This form must be returned to the National Office by March 1

Chapter_____ **Program**_____ **Reference Number** _____

☐ We have completed selection.

☐ We are returning this invitation.

☐ We request a two-week extension to finish selection. (Please list leaders and delegates that have been selected.)

LEADER/ JUNIOR COUNSELOR/ SEMINAR CAMPER

NAME	GENDER	BIRTHDATE	ADDRESS	CITY	STATE	ZIP	PHONE #	E-MAIL

DELEGATES

NAME	GENDER	BIRTHDATE	ADDRESS	CITY	STATE	ZIP	PHONE #	E-MAIL

WE WOULD LIKE TO BE CONSIDERED FOR AN ADDITIONAL INVITATION TO THIS PROGRAM.

CISV- USA National Office, 1375 Kemper Meadow Drive Suite 9H, Cincinnati, OH 45240. FAX (513) 674-9249 or TOLL FREE (888) 686-2478