

Notice of Village/Summer Camp Staff Selection

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

Chapter _____

Program _____

Reference Number _____

DIRECTOR

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

STAFF

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

PLANNER

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