

Town of Weston  
Recreation Department  
20 Alphabet Lane  
Weston, MA 02493

phone (781) 786-6260 fax (781) 786-6269

**APPLICATION FOR 2021 SUMMER CAMP C.I.T.**

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

Home Address: \_\_\_\_\_  
street town state zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ email address \_\_\_\_\_

School \_\_\_\_\_ School Address \_\_\_\_\_  
street town state zip

Age as of July 6, 2021 \_\_\_\_\_ (CIT's must be at least entering 9<sup>th</sup> Grade Fall 2021 or 14 yrs old)

**Weeks applying for:**

Please check off two weeks only.

- Week 1 July 6 – July 9 (no camp July 5th)
- Week 2 July 12 – July 16
- Week 3 July 19 – July 23
- Week 4 July 26 – July 30
- Week 5 August 2- August 6
- Week 6 August 9 – August 13

**Camp applying for:**

Please circle the camp you would like to work at:

Camp ABC (Age 4 & 5)

Camp Adventure (Grades 1-4)

**PLEASE SIGN UP FOR TWO WEEKS ONLY!**

\$75/week Camp ABC

\$90/week Camp Adventure

**2 References :** The references cannot be family members. Please list your references below:

Name	Occupation	Address	Phone #
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1. \_\_\_\_\_

2. \_\_\_\_\_

**You must also submit 1 written reference by someone other than a family member.**

**Tell me about the Summer of 2020...**

What was your greatest accomplishment last summer?

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What was your greatest lesson learned?

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**Tell me about the Summer of 2021...**

What makes you want to C.I.T.at camp?

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What new ideas would you like to contribute to camp this summer?

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How have you changed/grown/matured since last summer?

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What is one accomplishment you would like to achieve this summer?

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_