

Cape Fear Regional Theatre Summer Camp 2017 Counselor Application

For more information, email Molly Malone at 910-323-4234 ext. 244 or education@cfrt.org

1) Name: _____ 2) Age: _____ 3) Birthdate: _____

4) Address: (*Street*) _____

(*City*) _____ (*State*) _____ (*Zip*) _____

5) Phone: (*Home*) _____ (*Cell*) _____

6) Email: _____

7) Guardian Name(s) (*if under 18*): _____

8) School You Currently Attend: _____

9) Session you are applying for: (*Circle One*)

Session 1: June 12-24

Session 2: June 26-July 1

Session 3: July 10-15

Session 4: July 17-29

All Four

10) Have you ever been a CFRT Summer Camp Counselor before? _____
If so, when? _____

11) Have you ever attended a CFRT summer camp before? _____ If so, when? _____

12) What classes have you taken at CFRT besides summer camp, if any? _____

13) Have you ever been in any theatre productions? _____ If so, what? _____

14) What special training or experiences have you had that would make you a great camp counselor?

15) Are you available for **all** the days of the camp? _____

16) Please list any conflicts that you may have regarding pre-camp meetings the week before the camp, on camp days and evenings, or during the weekends of the camp?

17) Feel free to use the rest of this sheet to include other information you feel may be of interest to the camp director.

18) Please sign below to verify the information you have included on this application.

Signature: _____ Date: _____

The application should be dropped off at Cape Fear Regional Theatre, mailed to CFRT, PO Box 53723,
Fayetteville, NC 28305, Attn: Molly Malone, or emailed to education@cfrrt.org
All applications must be received by May 5th, 2017