

Camper in Training Application

Trail's End Ranch

Sports and Adventure Camp

P.O. Box 460, Ekalaka, MT 59324 (406) 775-6401 fax: (406) 775-6441 ter@midrivers.com www.ter.org

This application will not determine whether or not you can be a CIT.
Rather, it will help us get to know you better and allow us to better prepare for your time at camp.

Personal Information

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Grade in Fall _____

Parent/Guardian _____

School _____

Church _____

Mark Session Applying for: _____ June 14– July 11, 2009
_____ July 12 – August 8, 2009
Cost for CIT I & II: \$449

Check one:

CIT I _____ Offered both sessions

CIT II _____ (Previous CIT experience required) July 12 – August 8

CIT III _____ (Previous CIT I & II experience required) June 14 – August 8

Experience & Interests

List the school, church and other activities you are involved in:

What are your hobbies and interest?

Why do you want to be a CIT?

What are your goals and expectations for your time at Trail's End Ranch?

Have you ever been a camper at Trail's End Ranch? When?

Briefly describe your family and your relationships with them.

List any work experience you have had and the types of jobs you have performed.

Please mark the following with an "E" if you have experience with them or an "I" if you have an interest in learning more about them.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Clowns | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Puppets | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Music | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Skits | <input type="checkbox"/> Leading group games |

Have you ever accepted Jesus Christ as your Savior? If so, when?

What does it mean to you to be a Christian?

Payment Information

Included is:

- \$50 Registration fee (non-refundable - must accompany registration)
- Full payment (including registration fee)

Visa MasterCard Discover Am. Express Exp. Date ____/____/____
Card # _____ Name on Card _____
CVV Code (3 to 4 #'s on signature panel) _____