ROBERT E. CONNOR, JR. MASONIC YOUTH CAMP OF TEXAS
COUNSELOR APPLICATION

Please Print

Name: _____ _____ _____
First Middle Last

Birth Date: _____ Age: _____ Sex: _____

Social Security No: _____

Address: _____

City: _____ State:_____

Home Phone: (_____) _____

Emergency Phone: (_____) _____

Have You Ever Been Convicted Of A Crime Or Felony? (Please Check)

Yes _____ Or No _____ If Yes Please Detail On Back.

Area of Interest (Please Check):

Basketball _____ Baseball _____ Swimming _____

Board Games, i.e. Checkers, Chess, Table Games, etc. _____

Fishing _____ Hiking _____ Food Service _____

Other: _____

_Applicant Signature: _____

Upon completion of application, please return to:

Charles Dewitt
6301 Debra Court
Fort Worth, Texas 76112

APPLICATION DEADLINE: MAY 28, 2015