

CIT Application

Quinipet Camp and Retreat Center
PO Box 549
Shelter Island Heights, NY 11965
Phone: 631.749.0430
Fax: 631.749.3403

(Please type or print)

Name: _____

Permanent Address: _____
Street and Number City State Zip

Phone: (____) _____ Cell phone ____ Home Phone ____

Birth Date: _____ Grade Entering: _____

Have you been to Quinipet as a camper before? __Yes __ No

If so, please list your camp experiences:

	Camp Name(s)
Summer 20__	
Summer 20__	
Summer 20__	

Are you applying for Overnight or Day Camp? _____

If Day Camp, please provide your:

Shelter Island Address (if different from above): _____ 1196__
PO BOX # Zip

Please tell us why you would like to CIT this summer? _____

What contributions will you bring, as a CIT, to our program? _____
