ELCA INTERNATIONAL CAMP COUNSELOR PROGRAM 2012 PARTICIPANT NOMINATION FORM

Please type or print clearly in black ink Check One: () PRIMARY () SUBSTITUTE/BACK-UP Check One: () Male () Female NAMES MUST BE SPELLED EXACTLY AS THEY APPEAR ON PASSPORT Family Name First Name Middle Name(s) *********************************** What name would like others to call you at camp? Mailing Address City & Country (include postal code) E-mail Address Telephone Number _____ (must match passport) Date of Birth: Day Year Month **City** of Birth: **Country** of Birth: Country of Citizenship: Current Position (check one): Student at _____ () Name of School Employed as a ______ for _____ () Occupation **Employer**