

**CONNECTICUT YANKEE COUNCIL**

**BOY SCOUTS OF AMERICA**

**2008**

**CAMP SEQUASSEN**

**APPLICATION FOR COUNSELOR IN TRAINING (CIT)**

Fifteen-year-old Scouts are eligible for the CIT program. These Scouts attend two weeks for the regular price of one week at camp.

Please print legibly or type your answers and return this form to:

Camp Sequassen Camp Director, Connecticut Yankee Council, P. O. Box 32, Milford, CT 06460-0032

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number Street City ST Zip

Temporary Address: \_\_\_\_\_  
Number Street City ST Zip

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle the highest grade completed as of January 1, 2008:

High School: 8th 9th 10th 11th 12th School Name \_\_\_\_\_

Awards, Societies, Scholarships, and Scholastic Honors: \_\_\_\_\_

Years registered in Scouting: \_\_\_\_\_ Unit # \_\_\_\_\_ Rank \_\_\_\_\_ O. A. Member Y N

District: \_\_\_\_\_ Council: \_\_\_\_\_

Name of Camps attended: \_\_\_\_\_ Location: \_\_\_\_\_ Years: \_\_\_\_\_

**Scoutmaster's recommendation:**

This Scout is a troop member in good standing and I recommend him for participation in the Camp Sequassen CIT program and consideration for a position on the Camp Sequassen Staff.

Scoutmaster's Signature \_\_\_\_\_

Date \_\_\_\_\_