



CAMP-of-the-WOODS

A Christian Family Resort and Conference Center
in the Adirondack Mountains

**PARENTAL AUTHORIZATION:
For applicants under 18 as of June 16th, 2018.**

I approve of my son(s) or daughter(s) _____ being
at CAMP-of-the-WOODS/Tapawingo as a Staff Member and I commit to be supportive of all
management decisions pertaining directly or indirectly to my child. I will endeavor to see that
he/she fulfills his/her responsibilities as a staff member in every respect, and **I guarantee that
he/she will fulfill the length of commitment as he/she has filled out on the signed contract.**

I understand that CAMP-of-the-WOODS/Tapawingo are Christian Camping entities and that if I
have any questions about the application process or the Camps themselves, I ought to review the
application and website at www.camp-of-the-woods.org. If I have further questions I can contact
the personnel office at: staff@camp-of-the-woods.org or call 518-548-4311 ext. 254.

X _____

Herby signed by at least one Parent or Legal Guardian Date

Mail completed form to:

**CAMP-of-the-WOODS
Personnel Office
PO Box 250
Speculator NY, 12164**

Thank you,

Anna Dunsworth
Manager of Personnel
CAMP-of-the-WOODS