
CAMP - of - the - WOODS

PARENTAL AUTHORIZATION:
For applicants under 18 as of June 15th, 2019.

I approve of my son or daughter _____ 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 <http://www.camp-of-the-woods.org>. If I have further questions I can contact the personnel office at: staff@cotw.org or call 518-548-4311 ext. 254.

x _____
Hereby signed by at least one Parent or Legal Guardian

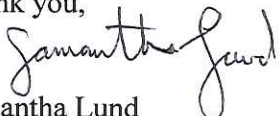
Date

Return completed form to:

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

Or scan to staff@cotw.org
Or upload to your child's staff application (CampBrain) account

Thank you,


Samantha Lund
Personnel Administrative Assistant
CAMP-of-the-WOODS