

Hindu Temple And Cultural Society of USA, Inc. (HTCS)

Sri Venkateswara Temple (Balaji Mandir) And Community Center

One Balaji Temple Drive Bridgewater, NJ 08807, USA

Telephone 908-725-4477 www.venkateswara.org



HTCS YOUTH SUMMER CAMP 2015

Theme: "Famous Women of India through the Ages"

Dates: Session#1: July 20-24, 2015 Session#2: Aug 10-14, 2015

Time: 7:30 am – 5:30 pm (Friday: 7:30 am -8:00pm) Venue: HTCS Community Center Counselor's Age: Applicant must be entering minimum of Grade 10 - College Freshmen

(College Students may apply as Young Adult Volunteers)

Fee: No fee for eligible applicants.

Applications may be mailed to: HTCS Youth Summer Camp 2015 (Attn: Mani Akella) (Or handed in person to)

One Balaji Temple Drive, Bridgewater, NJ 08807

Note: Counselors may apply for both sessions. The selection of returning counselors for session #2 will be based upon counselor's performance in the first session.

Enrollment is limited to 45 counselors per session. Early registration for children of HTCS members starts on March 15th and open registration starts on April 1st. Enrollment is strictly on first come first serve basis. Registration will close on **June 15th** for both sessions.

Apply only if you are sure of your availability for the entire camp session and are willing to abide by the camp guidelines.

It is mandatory that the counselors are present during the entire duration of the camp as well as the Cultural program to be held on Friday evening (5:00 pm- 7:00 pm). Counselors will not be allowed to leave the camp in the middle for any reason except emergencies. There will be at least two orientation classes (MANDATORY) for all counselors: Saturday & Sunday, July 18- 19 (For session #1) and August 8-9 (For Session #2) from 10:00 a.m. to 4 pm at the HTCS Community Center. Apply only if you are available for training on both days. NO EXCEPTIONS!!!!

Returning Counselors may apply (**by May 15**th) for the post of Head Counselors, Committee Supervisors, as long as they are available to volunteer for the training sessions as well as various camp tasks (including but not limited to data entry, phone calls, preparing new training materials, craft, lectures on the topic if needed, starting as early as **June 1**st, **2015**.

HTCS reserves the right of selection and the Camp Director's decision will be final.

HTCS YOUTH SUMMER CAMP 2015

APPLICATION FORM FOR COUNSELORS

PLEASE PRINT CLEARLY

Participant's Name:	Gra	de entering i	n Sept 2015		
Gender : Male □ Female □	Returning Couns	elor: Y/N	T-Shirt Sizes:	SM	-L
Preferred Session(s): Session	on#1: July 20-24 , 20	15	Session#2: Aug	10-14, 201	5
Parent's/Guardian's Name:					
Preferable Tel # to call:			_		
Preferable Name & Tel # to ca	II during Camp Hours	:			
Home address:					
Primary E-mail: (for all corres	pondence by Camp Sta	aff, use CAPS):		
Emergency Contact (Other tha					
Physician's Name: Phone:					
Any known Food/Medicine Al paper and attach it to the appl Mani Akella @ 908-240-9232 o	ication. Make sure you	u contact the	camp director (k		
Do you have any condition that If yes, please explain:	•	•		nildren? Y	/N
List special talents/interests:					
My child and I have read the a abide by them. We understand duration of the camp as well a	d it is mandatory that	_	•	_	
(Signature of parent)	(Date)	(Signa	ature of applicant	:) (1	Date)
For Office Use Only:					
Date Application Received: _					