



## Counselor – In- Training Program (CIT)

GYMNASTICS PLUS SUMMER CIT APPLICATION

### PERSONAL INFORMATION

First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

PLEASE CIRCLE THE WEEKS YOU ARE AVAILABLE TO BE HERE

MAY 31- JUNE 3	JUNE 20- JUNE 24	JULY 11- JULY 15
JUNE 6- JUNE 10	JUNE 27- JULY 1	JULY 18- JULY 22
JUNE 13- JUNE 17	JULY 5- JULY 8 (CLOSED JULY 4)	JULY 25- JULY 29
		AUG 1- AUG 5

### GYMNASTICS EXPERIENCE

Number of Years: \_\_\_\_\_  
Highest Class Level: \_\_\_\_\_  
Competitive Experience: \_\_\_\_\_  
Highest Competitive Level: \_\_\_\_\_  
Skills & Qualifications: \_\_\_\_\_

Prior Camp Experience: \_\_\_\_\_

Why do you want to be a CIT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_