

Dover Area Recreation CIT Application for Summer Playground

NAME _____ DATE _____
Last First MI

ADDRESS _____
Street City State Zip

PHONE _____ AGE _____ D/O/B _____

SITE DESIRED _____

EDUCATION COMPLETED:

SCHOOL _____ YEAR/GRADE _____

EXTRA-CURRICULAR ACTIVITIES _____

PLEASE HAVE APPLICANT ANSWER THE FOLLOWING QUESTION:

What qualities do you possess that would contribute to the summer playground program?

Signature of Applicant

Signature of Parent/Guardian

Date

Date