

**ELCA Outdoor Ministries
International Camp Counselor Program
2019 Camp Participation Form**

YES, we will participate in 2019

Name of Camp _____

Camp Contact's Name _____

Street Address _____

City _____ State _____ Zip _____

Camp Contact's E-mail _____

Camp Contact's Phone (cell preferred) _____

Number of Counselors Requested _____ (maximum 2)

Gender Preference: Male Female

Country Preference:

Czech Republic

Estonia

Germany

Hungary

Latvia

Slovakia

Poland

Brazil

Chile

Colombia

El Salvador

Peru

Madagascar

South Africa

Tanzania

Zimbabwe

Indonesia

Malaysia

Papua New Guinea

Philippines

Singapore

Thailand

Other _____

Nearest commercial airport for travel _____

Note: Requests considered in the order received with priority being given to ELCA Companion Synod relationships.

Please return form by fax or e-mail to:

Zara Tunstill

ELCA Outdoor Ministries

8765 W. Higgins Rd.

Chicago, IL 60631

Fax: 773/380-2109

E-mail: zara.tunstill@elca.org