ELCA Outdoor Ministries International Camp Counselor Program 2020 Camp Participation Form

YES, we will partic	•	
Camp Contact's Name		
Mailing Address		
City	State Zip	
Camp Contact's E-mail _		
Camp Contact's Phone (ce	ell preferred)	
Number of Counselors Re	quested (maximum 2)	
Gender Preference:N	TaleFemale	
Country Preference:		
Czech Republic Estonia Germany Hungary Latvia Slovakia Poland	Brazil Chile Colombia El Salvador Peru Madagascar South Africa Tanzania Zimbabwe	IndonesiaMalaysiaPapua New GuineaPhilippinesSingaporeThailand
Other		
	rt for travelin the order received with priority being gi	

Please scan and return form by e-mail to: intcampcounselors@elca.org

relationships.