

BERWICK BOYS FOUNDATION
335 West Street
West Bridgewater, MA 02379
Tel: (508) 586-0059 Fax: (508) 586-7597
http://www.berwick.org Email: info@berwick.org

Form should be filled out by camper himself.

Camper Information

Name _____ Age _____ Date of Birth _____
Nickname _____ Place of Birth _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
School _____ School Location _____ Grade _____
Name of Guidance Counselor/Adjustment Counselor _____
How would you place yourself in your class: lower third, middle third, or upper third? (Circle one)

Other Information

Please list below your hobbies, interests, sports, and extracurricular activities:

What is your favorite class in school? _____

What is your least favorite activity? _____

What do you want to do when you grow up? _____

Do you have any brothers or sisters? Yes No (Please list names and ages below)

Do you know how to swim? Yes No Can you swim a mile? Yes No

How did you hear about Berwick? _____

Are you be willing to earn and save \$50 as your contribution to a six-week camping adventure? Yes No

Please check off the crews that would most interest you at camp:

Boat Garage Kitchen Systems Woods Construction

Other (Please specify) _____

Please write a short paragraph explaining why you would like to join Berwick and attend summer camp.

Use back of the page if necessary

I understand that the use and/or unreported knowledge of use of illicit drugs and alcohol is punishable by immediate expulsion from the Berwick Boys program. I also understand that cigarette smoking is prohibited.

Boy's Signature _____ Date _____