

## 2016 Dennen Week Staff Information Form

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Arrive on: \_\_\_\_\_ Depart on: \_\_\_\_\_

If you are arriving Saturday, will you be at dinner Saturday evening? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you need housing on Saturday (August 13th)? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*Please note that all cottages at camp will be occupied by the summer staff and will not be available until sometime on Saturday evening, so Saturday night housing will not necessarily be your assigned housing for Dennen Week.*

If you are working part-time, please indicate what days you will be working at camp:

Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_

If you are returning: please answer the following questions.

Housing: Cabin (name) \_\_\_\_\_ Cottage: \_\_\_\_\_ Day staff \_\_\_\_\_

Responsibilities: (check all that apply to you)

Cabin Counselor \_\_\_ Office Staff \_\_\_ Kitchen \_\_\_ Activity Instructor \_\_\_ Infirmary \_\_\_ Support Staff \_\_\_

Life Guard \_\_\_ Other \_\_\_

If you have previously taught activities, please describe the activities you were involved with:

Do you have any specific requests for what you would like to do during Dennen Week?

**Once you have completed this form please return to:**

**Josh Plati, Dennen Week Director**  
**P.O. Box 239, Sebago, ME 04029 or email [info@campoatka.org](mailto:info@campoatka.org)**