Camp _____.

168.00

Please complete the form in duplicate. Attach one copy to the Director's Report and send to the Branch Office. The other copy is for the Camp Board.

Codes:	**AD**	**Assistant Director**	**HC**	**Head Cook**	**N**	**Nurse**	**SP**	**Speaker**
	C	**Counselor**	**JC**	**Junior Counselor**	**PR**	**Program Director**	**W**	**Waterfront**
	CG	**Camp Grandparents**	**K**	**Kitchen**	**R**	**Riding Staff**		
	D	**Director**	**M**	**Manager**	**SE**	**Secretary**		
	H	**Handyman**	**Ma**	**Maintenance**	**SFM**	**Staff Family Member**		

Code	Name	SIN	Street Address	Town/City	Postal Code	Number of Full Days Worked							