



Junior Counselor's Name (Please print full name): _____

Junior Counselors: Please fill in all of your hours before giving this form to the camp director for his/her signature.

Camp Directors: Please do not sign this form unless it has been filled out by the Junior Counselor.

Week 1 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____

Week 2 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____

Week 3 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____

Week 4 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____



Junior Counselor's Name (Please print full name): _____

Junior Counselors: Please fill in all of your hours before giving this form to the camp director for his/her signature.

Camp Directors: Please do not sign this form unless it has been filled out by the Junior Counselor.

Week 5 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____

Week 6 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____

Week 7 Camp Name:				
Date	Time In	Time Out	Hours	Activities Performed
Total Hours				

Junior Counselor's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____