



Occoneechee Lodge Summer Camp Staffer Award

Requirements

Name:	Phone:
Address:	
City:	State: Zip:
I meet the above criteria for this Award (Signature): _____	
Summer Camp Program Director or Camp Director (Signature): _____	
Name:	Phone:
Address:	
City:	State: Zip:
I meet the above criteria for this Award (Signature): _____	
Summer Camp Program Director or Camp Director (Signature): _____	
Name:	Phone:
Address:	
City:	State: Zip:
I meet the above criteria for this Award (Signature): _____	
Summer Camp Program Director or Camp Director (Signature): _____	
Name:	Phone:
Address:	
City:	State: Zip:
I meet the above criteria for this Award (Signature): _____	
Summer Camp Program Director or Camp Director (Signature): _____	

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN