The Sense of Wonder Summer Day Pamela Stevens Benjamin PO Box 1558 Vineyard Haven, MA 02568

Application for All Counselors (LIT, Junior, Adult)

I am applying for:		ining: Ages 13-16 (See FEF ors: Ages 17-20 or	E info below)
Name			
GenderP	referred Pronouns	Social Security #	
Date	Age	Birthday	
Permanent Address			
City		State	Zip
Summer Address			
City		State	Zip
Email Address			
Phone Number		Cell Number	
Island Phone h:		w:	
▶ Full tuition must be	In Training who are ago e paid on the first day of nade payable to Sense of	•	e for ages 14-16.