



Township of Howell



PO Box 580 • 4567 Highway 9 North
(732) 938-4500 ext. 2106 • www.twp.howell.nj.us

2021 COUNSELOR IN TRAINING APPLICATION

Register by mail or online at www.howellrec.org (convenience charges apply)

Early Registration Fee: \$125.00 May 10th - May 21st
Registration Fee: \$150.00 May 24th - May 28th
An additional late fee of \$25.00

~ Include a letter of recommendation letter
 ~ First come-first serve basis and fills up quickly

Registration Online
www.howellrec.org

PLEASE PRINT

Name: _____

Address: _____ Zip Code: _____

Telephone Number: _____

Cell Number: _____ CIT Cell Number: _____

Birthdate: _____ Current Grade: _____ Age: _____ Gender: _____

E-Mail: _____ CIT E-Mail: _____

WHICH SESSION ARE YOU INTERESTED IN? (PLEASE CIRCLE)

Middle School South

Dates: June 28th – July 30th

Middle School North

Dates: June 28th – July 30th

EMERGENCY CONTACTS: (PLEASE PROVIDE ALTERNATE CONTACT PERSONS)

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Any Current Medications? _____ Specify: _____

Any Medical or Other Allergies? _____ Specify: _____

*** The Township of Howell Accident Insurance Policy maintained by the Township is secondary in coverage. Any and all claims must first be submitted to the claimant's primary health insurance carrier.

*** I grant the Township of Howell the right to use any and all photographs of myself and/or my child participating in a Township sponsored activity. By registering with the Township of Howell, I acknowledge that I have read, understood, and agreed with the above disclaimer.

Parent/Guardian's Signature

Please PRINT full name

Date



CREDIT CARD _____ CHECK _____ CASH _____ RECEIPT # _____



All refunds are governed by the Howell Township Refund Guidelines and Procedures.

