



Rolling River Day Camp

477 Ocean Avenue
Oceanside/ East Rockaway, NY 11518
516-593-CAMP (2267)
fax: 516-593-5796
camp@rollingriver.com
www.rollingriver.com

Campership Reference Form

1 of 3

ALL REFERENCES MUST INCLUDE A WRITTEN STATEMENT FROM A NON-RELATIVE FOR APPLICANT TO BE CONSIDERED.

Name of Applicant: _____ Date Completed: _____

In what capacity do you know the applicant: _____

How long have you known him/her? _____

Using the characteristics below, please rate the following in relation to how they will allow the applicant to succeed in a day camp environment.

(Please circle the corresponding number.)

	Poor				Excellent		
Socialization Skills	1	2	3	4	5		N/A
Ability to Transition to Numerous Activities	1	2	3	4	5		N/A
Relates to Adults	1	2	3	4	5		N/A
Able to Follow Directions	1	2	3	4	5		N/A
Respect for Others Property	1	2	3	4	5		N/A

Extreme Behavioral Issues- YES or NO
(circle one)

*Please write or attach a brief letter on business letterhead (if applicable) any additional information that would explain your rating above and how the applicant would benefit from a day camp experience and this campership opportunity.

Signature: _____

Title: _____

Print Name: _____

Contact Phone Number: (____) _____



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