



## Box of Rain Summer 2009 Application

www.boxofrain.org

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

School \_\_\_\_\_

Shoe size \_\_\_\_\_

Shirt size \_\_\_\_\_

Please choose one:

\_\_\_\_\_ returning participant      \_\_\_\_\_ number of years with Box of Rain

\_\_\_\_\_ New Participant

Which best describes your swimming ability:

\_\_\_\_\_ no knowledge    \_\_\_\_\_ poor    \_\_\_\_\_ average    \_\_\_\_\_ very competent

(please be honest as we will need to know who needs swimming lessons as we are on the water each day).

**\*On a separate sheet of paper please write 1-3 paragraphs in response to this essay question.**

**Why is it important for you to be chosen as a participant for the 2009 Box of Rain Summer Program.**

Please return the completed application and essay by May 15, 2009 to:

Box of Rain Foundation  
PO Box 3557  
Annapolis, MD 21403