

Camper Information Sheet

Parents- Please help your child fill this out.

Full Name: _____ Age: _____

We encourage campers of all ages to lead classes and activities during AnyThing Goes

(our afternoon "choice classes") is there something you would like to teach?

any materials or equipment you need to teach this?

We love camper input in our camp planning! Are there any activities you would especially

like to see happen at camp this summer? If so what?

More information about YOU!

School and location of

school: _____

Have you ever been to camp? (explain type of camp)

What are you looking forward to most about camp?

What do you think will be the most difficult part of camp?

What are your favorite things to do?

What are some of your skills, talents, and things you like best about yourself?

Are there any other things we should know about you so we can support you in having a great time at camp?
