



MY CAMPER'S STORY

USE THIS PAGE TO SHARE DIRECTLY WITH OUR CABIN LEADERS A LITTLE MORE ABOUT YOUR CAMPER AND THEIR PAST OVERNIGHT EXPERIENCES. FILLING THIS OUT ALLOWS US TO PROVIDE THE BEST CAMP EXPERIENCE TO YOU AND YOUR CAMPER!

CAMPER NAME: _____

TELL US ABOUT YOUR CHILD'S PAST OVERNIGHT EXPERIENCES.

DO YOU HAVE ANY TIPS FOR HOW TO HELP YOUR CHILD GET A GOOD SLEEP?

IS THERE ANYTHING ELSE WE SHOULD KNOW THAT WOULD HELP IMPROVE YOUR CHILD'S SUMMER CAMP EXPERIENCE?

YOUR NEXT STEP

GIVE THIS SHEET TO YOUR CAMPER'S CABIN LEADER WHEN YOU ARRIVE ON OPENING DAY OR TO THE BUS CAPTAIN DURING DROP OFF.