



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## LETTER TO MY COUNSELORS

Hi! I will be in your cabin this summer at Camp Wakonda. I'd like to tell you what I am looking forward to doing at camp!

Name: \_\_\_\_\_ Nickname or preferred name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_ Gender (please circle one): Male Female

How many years I have attended camp: \_\_\_\_\_ Grade in Fall 2016: \_\_\_\_\_

Favorite camp activity: \_\_\_\_\_

I really like to play: \_\_\_\_\_

I'm really good at: \_\_\_\_\_

I'd like to get better at: \_\_\_\_\_

One new thing I'd like to do at camp this year: \_\_\_\_\_

Some of my hobbies and interests are: \_\_\_\_\_

Bunk mate request: \_\_\_\_\_

One last thing I'd like to tell you: \_\_\_\_\_

## Parent/Guardian Section

Information in this section is gathered to help our counselors better meet the needs of your camper. All responses are voluntary and confidential

Has the camper spent the night away from home before (please circle one): Yes No

If yes, where? \_\_\_\_\_

Please check all that apply to your camper:

☐ Sleepwalking

☐ Dietary needs

☐ Asthma

☐ Difficulty sleeping

☐ Bedwetting

☐ Seizures

☐ Food allergies

☐ Outdoor allergies

☐ Falls asleep unexpectedly

If checked, please explain: \_\_\_\_\_

What should we know to help us better understand your camper? \_\_\_\_\_

Are there any activities you do not want your camper to participate in? \_\_\_\_\_