

Contact Information

School _____ Grade _____ Phone (Sch) _____
 Phone (home) _____
 Contact Person _____ Fax _____
 Email: _____
 Best times to be reached at school are: _____ at home: _____

Arrival - Departure

Arrival date and time _____ / _____ / _____ _____ AM or PM (East. Daylight Saving Time)
Month / Day / Year Time
 Departure date and time _____ / _____ / _____ _____ AM or PM (East. Daylight Saving Time)
Month / Day / Year Time

Numbers

People

Girls _____ Teachers _____ *"Please list names of teachers on back of this form"*
 Boys _____ Chaperones (present for entire program) _____
 Extra people (how many and when) _____

Housing

Girls' Cabins _____ White Pine _____ Guesthouses (Adults) _____ Dorms _____
 Boys' Cabins _____ Dorms _____ Sycamore Lodge (Adults) _____ Other _____

Food Service

Check meals that will be served by camp. Write "**Bag**" beside meals that will be eaten here but not prepared by camp.

Monday	Tuesday	Wednesday	Thursday	Friday
_____ Breakfast	_____ Breakfast	_____ Breakfast	_____ Breakfast	_____ Breakfast
_____ Lunch	_____ Lunch	_____ Lunch	_____ Lunch	_____ Lunch
_____ Supper	_____ Supper	_____ Supper	_____ Supper	_____ Supper
_____ Snack	_____ Snack	_____ Snack	_____ Snack	_____ Snack

Class Choices

Please list all class choices. **Max class size is 12.** Chaperones should be provided for each class. Please write **instructor's** name for each class. Write "**Camp**" by the classes that you request camp to lead. *Camp Friedenswald will provide up to 3 instructors.*

Class Choice	Teacher's Name	Evening/Whole Group Activities	
		Date	Activity
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

Camp Store - Yes / No

(Over →)

Names of Teachers Attending Camp

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____

Goals/Standards

Please list goals & or specific state standards that you hope to address while at camp.

Schedule

- Will you be using the same schedule times as last year? **Yes / No**
- Will students be seated for meals by cabins or by activity groups? **Cabins / Activity Groups**
- Do you want camp to assign table setters? **Yes / No** (If yes, by **Cabin** or **Activity Groups**?)
- During meal clean up time do you want all students to stay seated at tables? **Yes / No**

Program Evaluation

Please list any changes or improvements you would like to see in our program.

Other:

Please list any other information that would be helpful for camp to know about your group?

Camp Friedenswald

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<http://www.friedenswald.org/OESchAgeEducation.htm>

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