

2010 CAMPER QUESTIONNAIRE

_____/_____/_____/_____/_____/_____
LAST NAME FIRST NAME AGE BIRTHDATE GRADE in Sept.

SCHOOL ATTENDING IN SEPTEMBER _____

Please mark below 0 (none) 1 (little) 2 (medium) 3 (much)

<u>Interest</u>	<u>Experience</u>	<u>Interest</u>	<u>Experience</u>
Basket Making _____		Aerobics _____	
Batik _____		Archery _____	
Computer arts _____		Basketball _____	
Construction _____		Fencing _____	
Creative Writing _____		Football _____	
Painting _____		Gymnastics _____	
Photography _____		Horseback _____	
Pottery/Clay _____		Martial Arts _____	
Printing _____		Mountain Biking _____	
Radio Station _____		Ping Pong _____	
Rocketry _____		Soccer _____	
Mixed media _____		Softball _____	
Cartooning _____		Tennis _____	
Silver/Jewelry Making _____			
Weaving _____		Boating _____	
Woodworking _____		Canoeing _____	
Film Making _____		Life Saving _____	
		Sailing _____	
		Swimming _____	
Drama _____		Swim Lessons _____	
Dance _____		Waterski _____	
Orchestra _____		Windsurfing _____	
Chorus _____		JetSki _____	
Jazz Music _____		Tubing _____	
Rock Music _____		Backpacking _____	
Voice _____		Hiking _____	
		ATV _____	
Stagecraft/Tech. _____			
Circus _____			

What instrument do you play ? _____
 Would you like to try another instrument? Y N Which one(s)

I am aware that disruptive behavior, or possession of liquor, cigarettes or illegal drugs will result in dismissal from Long Lake Camp and my cell phone will be kept in the camp's safe if I bring them to camp.

Campers Signature _____

(OVER PLEASE FOR PARENTS' QUESTIONNAIRE)



CAMPER SESSION

2010 LONG LAKE CAMP - PARENTS' QUESTIONNAIRE

Camper: Last _____ **First** _____ **Birthdate** _____

YOUR primary reason for sending your child to camp: fun learning experience social growth

Specifically, what areas would you like your child to explore and develop?

(List priorities) _____

Are there limitations on any specific activities for your child? _____

Are there any special medical needs ? _____

Do they take meds daily, how often, can they miss a single dose?

Any mental therapy/behavioral history? _____

Any other special instructions or comments? _____

Instrument Lessons- In addition to Orchestra rehearsals, Jazz and Rock Band practice which may be every day please check off the number of private music lessons desired (if time permits) __1 or __2 lessons per week.

THE CAMPER BUNK REQUEST IS NOW ON A SEPARATE (NEW) FORM, PART OF THIS MAILING.

Signed _____

(over, please for Camper Questionnaire)