## "All About Me"

**Directions:** To be completed by **camper**, the information provided is vital to the staff and directors to help us insure a good experience for you this summer. Please be as thorough and legible as possible. Return to Y Overnight Camp Office by June 1.

My full name is		I like to be called		
I live with		I have	siblings and their ages range to	
Next fall I will be in	grade at	sc	hool	
I am a Morning Person o	r a Night Owl (c	ircle one)		
Some of my favorite acti	vities			
are:				
Some of my least favorit	e activities			
are:				
One of my talents				
is:				
My friends describe me				
as:				
The qualities I like most	in people			
are:				
This is my	time at ar	overnight ca	amp	
I hope to bunk with		<del> </del>	(Are you bringing a friend to camp)	
One reason I want to go	to overnight ca	mp is		
One thing I am a little w	orried/concerne	d about is		
I'm looking forward to ca	amp activities su	ıch as: (Chec	k all that apply)	
Meeting New Friends	Archery	Swimmi	ng Hiking Creating Crafts	
Exploring Nature _	_ Fishing	Low Ropes C	ourse Canoeing Playing Games	
I would really like my co	unselor to know	:		
that will last a lifetime duct including being c with my counselors, p	. To achieve the considerate of racticing good ssigned groups	nat, I agree my cabin m health habi s and demo	lop new skills, be a good sport and create memorie to abide by Y Journeys Camp rules and Code of Contactes and the surrounding environment, cooperating, performing chores as assigned, fully participating onstrating the character development values of Care	
Camper's Signature			Date	