

Office Use: Counselor _____ Cabin _____

CAMPER INFORMATION FORM

Please mail to: Camp Mowana, 2276 Fleming Falls Rd., Mansfield, Ohio 44903

To The Camper:

Here is a chance to share with your counselor some of the reasons you want to come to camp. This will help us to already know something about you when you arrive.

Name _____ Gender _____ Camp Dates _____

Program _____

1. I would like to do the following things during my week at camp:
2. A couple of things I thought you would like to know about me are:
3. When I have spare time at home, I...

This is my _____ year at Camp Mowana.

To The Parent:

Please help us to give your camper the best possible camp experience by providing us with some additional information.

1. Has the camper been away from home before? What was the longest time?
2. What type of hobbies does your child enjoy?
3. Are there any physical, health or medication concerns?
4. I hope my son/daughter would learn:
5. Is there any other information which would be important for us to know?
6. Does the camper have any brothers or sisters here this week at camp? If so, please list name(s) and program.

(Over)