

Camper Name:
Dear Parents,
Our main concern during the summer is to create a full and meaningful experience for your son.
YOUR expectations in this regard can be very helpful. If there are any non-medical objectives you would like us to be aware of, please list them below and on the reverse side as needed.
Thank You.
Previous Overnight Camp Experience (Yes/No)?
Parental Objectives:
(a) In Sports Areas:
(b) In General: