

\*THIS FORM MUST BE RETURNED TO CAMP\*



# Day Camp Information Form

Please mail or fax this back to camp at least one week before your Day Camp.

## Time and place you would like the Day Camp team to arrive

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## Directions from Camp to Church

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## Host Family #1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Able to house \_\_\_\_ counselors

Directions from church to home

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## Host Family #2 (if needed)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Able to house \_\_\_\_ counselors

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Directors from church to home

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person for Facility Emergencies**

(Please post this information in church during Day Camp)

Name \_\_\_\_\_

Phone: \_\_\_\_\_

**Adult Volunteer Staff**

Volunteers must be at least **18** years old

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Student Leaders /Volunteers Staff**

Volunteers must be at least **15** years old

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Severe Weather Emergency Location**

\_\_\_\_\_

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**Youth Night**

Date: \_\_\_\_\_

Time \_\_\_\_\_

**Program Night**

Date: \_\_\_\_\_

Time \_\_\_\_\_

**Field Trip**

Day \_\_\_\_\_ Time of Departure \_\_\_\_\_

Location \_\_\_\_\_ Travel Arrangements \_\_\_\_\_

Time of Arrival at Field Trip site \_\_\_\_\_

Activities \_\_\_\_\_

Time of Departure \_\_\_\_\_ Arrival at Church \_\_\_\_\_