Camp Omega Day Camp Information Form

Please mail, e-mail, or fax this back to Camp Omega at least one week before your Day Camp

Mail: 22750 Lind Ave Waterville, MN 56096

E-mail: [info@campomega.org](mailto:info@campomega.org)

Fax: 507-685-4401

Day Camp Dates:

Congregation & City:

Cong. Contact Person Phone #:

Congregational Contact Person:

# of Adult / Youth Volunteers:

Expected # of Day Campers:

Time and place you would like the Day Camp Team to arrive:

Host Family #1:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Able to house \_\_\_\_\_\_\_\_ Camp Omega Guides  
  
Does Host Family have any pets? YES or NO If so, what pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Family #2 (if necessary):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Able to house \_\_\_\_\_\_\_\_ Camp Omega Guides  
  
Does Host Family have any pets? YES or NO If so, what pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miscellaneous Preparation Questions:

Y or N Lunch and supper are planned each day for Day Camp Team.

Y or N Do Camp Omega Guides need to bring bedding?

Y or N Adult volunteers will be present to help run registration and check-in/out

Y or N There will be a Volunteers Meeting/Orientation.

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y or N There are youth volunteers.

How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y or N Do you have access to additional Arts & Crafts supplies (if needed)?

Y or N There will be a Wednesday night program for Jr. / Sr. High Youth

Y or N There will be Day Camp Program for parents and family

Thursday Night or Friday 11:30am or Other: \_\_\_\_\_\_\_\_\_\_\_

Y or N Are you planning a field trip to Camp Omega?

Y or N Will you support Camp Omega’s summer mission project?

Contact Person for Facility Emergencies:  
  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Severe Weather Emergency Location:

Field Trip (to Camp Omega or other locations):

Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival at church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Additional Information: