

2010 CAMP SABRA --CAMPER INFORMATION FORM
DUE NO LATER THAN MAY 1, 2010

Your Camper's Name 1 / 2
Session?

Your Name

Names of Brothers/Sisters _____ Attending Camp: Yes _____ No _____

My goals for child's summer camp experience are: _____

How does your child feel about going away to camp this summer? _____

How do you feel about your child going away to camp this summer? _____

What special talents or interests does your child have such as music, sports, drama, etc?

How was your camper's year in school? _____

If there has been a separation, divorce, death or remarriage, briefly describe and indicate attitude and reaction of child. _____

Please comment on any other matters you would like us to know about.

If you plan to be away from home/work for an extended period of time while your child/ren is at camp, please provide us with the following information:

Dates Away: _____

How can we contact you while you are gone? Phone/cell phone/fax, etc.

Numbers: _____ / _____

PLEASE RETURN TO:
Camp Sabra
2 Millstone Campus Dr,
St Louis, MO 63146