



Camp Ak-O-Mak

2011

OBJECTIVES

Dear Parents/Guardian,

Our main goal during the summer is to create a full, meaningful experience for your daughter. Your expectation in this regard can be very helpful. Please complete the outline below and return this form with the others.

Campers Name: _____

Birth Date: Day: _____ Month: _____ Year: _____

School Year/Grade Completed: _____ Age as of June 1st 2011: _____

PREVIOUS CAMP EXPERIENCE: (Type of camp ~ Day/Residential ~ How long stayed)

Competitive Swimmer: Yes or No

SWIMMING OBJECTIVES:

OTHER OBJECTIVES

IN GENERAL: Social, Emotional, etc.
