



# Camp Ak-O-Mak

2010

## 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 2009: \_\_\_\_\_

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

Competitive Swimmer:      Yes              or              No

SWIMMING OBJECTIVES:

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OTHER OBJECTIVES

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IN GENERAL:                      Social, Emotional, etc.

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