



# Camp AK-O-MAK Non Profit



2025

## OBJECTIVES

Dear Parents/Guardian,

Camp Ak-O-Mak's goal is to create a meaningful experience for your daughter. Your expectations can be helpful. Please complete the outline below and return this form with the others.

Campers Name: \_\_\_\_\_

Age as of June 1st: \_\_\_\_\_

School Year/Grade Completed: \_\_\_\_\_

PREVIOUS CAMP EXPERIENCE: (Type of camp ~ Day/Overnight ~ Length of stay)

\_\_\_\_\_

Competitive Swimmer:     **Yes**            or            **No**

SWIMMING OBJECTIVES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER SPORT OBJECTIVES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN GENERAL:            Social, Emotional, Information to help us understand your daughter

\_\_\_\_\_

\_\_\_\_\_

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