



Camp AK-O-MAK Non Profit



2019

OBJECTIVES

Dear Parents/Guardian,

Camp Ak-O-Mak's goal 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: _____

Age as of June 1st: _____

School Year/Grade Completed: _____

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

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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