



Location of Program: <input type="checkbox"/> Camp Anna Behrens <input type="checkbox"/> Camp Sakakawea Program Date: _____ Program Name: _____
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# All About You Form

Required for participants attending Resident Camp and Troop Camping at resident camp.

**Please mail the completed form by June 6<sup>th</sup> to:**  
Girl Scouts of Michigan Shore to Shore  
Attention: Camp Forms  
3275 Walker Ave NW  
Grand Rapids, MI 49544

**\*If registering for a resident camp program after June 6<sup>th</sup>, 2014**  
mail completed form to above address at least two weeks prior to your camper's session.

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

Camper's name \_\_\_\_\_ Camp nickname \_\_\_\_\_ Age \_\_\_\_\_

1. What are some of your Girl Scout's hobbies or interests?
2. What is something your Girl Scout is really good at or excels in?
3. What is your Girl Scout worried about?
4. Has your Girl Scout been to camp or away from home before? If so, explain.
5. What do you hope for your Girl Scout's camp experience?
6. Do you have any suggestions for helping your Girl Scout succeed if she should get homesick or have trouble getting along with others? (Campers don't have access to phones.)
7. Do you have any special concerns for your daughter?
8. Additional comments (use back of page if needed).