

Location of Program: ☐ Camp Anna Behrens ☐ Camp Sakakawea			
Program Date:	_ Program Name:		

## **All About You Camper Form**

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

## Please mail the completed form by May 25 to:

Girl Scouts of Michigan Shore to Shore Attention: Program and Camp Registrar 3275 Walker Ave NW Grand Papids MI 49544

8. Additional comments (use back of page if needed).

Grand Rapids, MI 49544				
Name:				
Ca	mper's name:	Camp nickname:	Age:	
1.	What are some of your Girl Scou	it's hobbies or interests?		
2.	What is something your Girl Scot	ut is really good at or excels in?		
3.	What is your Girl Scout worried a	about?		
4.	Has your Girl Scout been to cam	p or away from home before? If so, expla	in.	
5.	What do you hope for your Girl S	Scout's camp experience?		
6.	Do you have any suggestions for trouble getting along with others	helping your Girl Scout succeed if she sh ? (Campers don't have access to phones	nould get homesick or have s.)	
7.	Do you have any special concerr	ns for your daughter?		