All About You Form

To be completed by a parent or guardian

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

Please mail the completed form two week prior to The start of your child's camp session.

Girl Scouts of Michigan Shore to Shore

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

Please mail completed form to above address at least 2 weeks prior to your camper's session.

Girl Scouts of Michigan Shore to Shore Attention: Camp Forms 3275 Walker Ave NW Grand Rapids, MI 49544				
Nar	me:			
Ca	ımper's name	Camp nickname	_ Age	
1.	What are some of your Girl Scou	ıt's hobbies or interests?		
2.	What is something your Girl Sco	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, explain	ı.	
5.	What do you hope for your Girl S	Scout's camp experience?		
6.		helping your Girl Scout succeed if she sho ? (Campers don't have access to phones.)		
7.	Do you have any special concert	ns for your daughter?		
8	Additional comments (use back c	of page if needed).		