

CAMP HILLTOP CAMPER CONFIDENTIAL FORM
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We want to hear from you!! Please take the time to think about these questions. Let us know your feelings.... We want this camp to be a special place for all of you and your wants and needs are real important to us. This form will be shared with the Directors, Camp Nurse and **YOUR** Counselors. No one else will see it. Thanks for your time...

Your Name: _____ Nickname _____

Date at Camp: From: _____ To: _____

Have you ever been to camp before: Yes _____ No _____

What camp(s): _____

How many years have you attended Camp Hilltop? _____

What activities do you MOST want to do at camp? _____

What Activity do you REALLY want to learn to do or improve on while at camp? _____

While you are sitting thinking about camp, share with us what MOST excites you about camp?

Now what least excites you about camp? _____

Is there someone particular you want to be in a cabin with? _____

Is there any other information you feel you would like to share. It could be a special event you really enjoy or a fear you have anything at all..... We want to make sure that your stay at Camp Hilltop is just FABULOUS!!!!