

CAMP SPIRIT CAMPER QUESTIONNAIRE

Please answer the questions below.

1. Have you ever been on an overnight away from your parents (not counting hospitalizations)? Yes _____ No _____. If yes, please explain.

2. Have you ever been skiing before? Yes _____ No _____ If yes, describe your experience? E.g. where and when.

3. Have you had the opportunity to spend much time with other children with EB? Yes _____ No _____. Describe your experiences if answering yes

4. What are you looking forward to most about coming to Camp Spirit this year?

5 Is there anything that you are concerned about coming to Camp Spirit?

6. Check those activities you would like to participate in besides skiing:
snowmobiling _____ crafts _____ sleigh ride _____ dog sled ride _____

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR APPLICATION PACKET