

# 2020 CAMP SPIRIT CAMPER QUESTIONNAIRE

NAME: \_\_\_\_\_

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.

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

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

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

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

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6. Check those activities you would like to participate in besides skiing: Number them 1 to 4 in order of your preference, with 1 being the most preferred.

snowmobiling \_\_\_\_\_ crafts \_\_\_\_\_ sleigh ride \_\_\_\_\_ dog sled ride \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR APPLICATION PACKET**