

# 2022 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.

\_\_\_\_\_

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. Number those activities you would like to participate in besides skiing: Number them 1 to 5 in order of your preference, with 1 being the most preferred.

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

7. Number those discussion topics you would like to participate in: Number them 1 to 7 in order of your preference, with 1 being the most preferred.

Wound Care \_\_\_\_\_ Genetics \_\_\_\_\_ Relationships \_\_\_\_\_  
Independence \_\_\_\_\_ Romance \_\_\_\_\_ Life Skills \_\_\_\_\_ Other \_\_\_\_\_

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR APPLICATION PACKET