SU___ Day Camp - Adventure Schedule

Day Camp Dates: _____

Day Camp Director:_____ Phone:_____ Email_____

Program Manager:_____ Phone:_____ Email_____

Adventure Schedule for Day #_____ - Date:_____					
	Archery	Tomahawks	Traverse Wall	Zipline	Canoeing**
Time	**enter # of girls for each activity during each time slot*				

**Complete this form for each date you will be running adventure activities. Adventure activities may only be submitted on this form.*

***Reminder canoeing may only take place on one day of your day camp*