

Day Camp 2018 Reservation Request

Please complete the request form entirely and submit to your Membership Manager by November 10th.

Any reservation forms received after November 10th will be scheduled based on remaining available dates.

Reservations will be confirmed via email to the day camp director and membership manager by **December 1st**.

***Day Camps must have a designated day camp director in order to submit this form.*

Camp Director: _____ Membership Manager: _____ SU #: _____

Camp Director Email: _____ Camp Director Phone: (____) _____

Program Manager: _____ Teen Coordinator: _____

Health & Safety: _____ Business Manager: _____

Please mark your preference for the length of your Day Camp. If you would consider having a camp that varies in length, please rank your options 1-3 (with 1 being your top choice). *A set-up day will be automatically included in addition to your selection of camp length below

3 days 4 days 5 days

Please mark your following camp location preference:

I would prefer to have my day camp at Camp Prairie Schooner

I would prefer to have my day camp at Camp Tongawood

I would be open to having camp at either property

Session Choices:

Please place a 1, 2, 3 or 4 next to your top 4 session choices for Day Camp. 1 being your top choice, 4 being your last choice.

Please note that during a given session multiple camps may occur depending on number of days being requested by the day camps interested in the same session.

	Month	Week	Dates	
Session 1	May	3 rd Week	May 24-28th	**Tongawood ONLY
Session 2	May	4 th Week	May 28th - June 3 rd	**Tongawood ONLY
Session 3	June	1 st Week	June 4-10th	**Tongawood available June 7-10th
Session 4	June	2 nd Week	June 11-17th	
Session 5	June	3 rd Week	June 18-24th	
Session 6	June	4 th Week	June 25th-July 1st	
Session 7*	July	1 st Week	July 5-8th	
Session 8	July	2 nd Week	July 9-15th	

Session 9	July	3 rd Week	July 16th-22nd
Session 10	July	4 th Week	July 23rd-29th
Session 11	August	1 st Week	July 30th-August 5th

**Camps will be closed July 2nd-4th*

Please mark your following day camp weekend/weekday preference:

- I prefer to have my camp fall over the weekend
- I prefer to have my camp during the weekdays
- I have no preference on weekends or weekdays

2018 Numbers (estimated)		2017 Attendance (actual)	
Girls:		Girls:	
Adults:		Adults:	
Teens:		Teens:	
Tags:		Tags:	

- If your camp is less than 100 campers would you be willing to camp share with another Service Unit? Yes No
- Does your day camp need a wheelchair accessible facility? Yes No
- Will teens be arriving on your set-up day? Yes No
- Teen overnight on set-up day? Yes No
- Would you like teen adventure programming on set-up day? Yes No
- Will you be offering an overnight for girls completing K-11? Yes No
- Will you be offering a second overnight for teens? Yes No

*Day Camp dates and properties are not guaranteed from previous year's usage and will only be guaranteed once confirmation email is sent.

For office use only:

Membership Manager	
Name: _____	Signature: _____
Outdoor Experiences Manager	
Name: <u>Katie Stites</u> _____	Signature: _____