

INDIVIDUAL ACTIVITY FORM

(Required for counselor and staff use)

TAPE CHILD'S
PICTURE OR
SNAPSHOT HERE
(if available so the
Staff can get to
know your child)

Camper's Name

Mailing Address

City

State

Zip Code

Phone Number

Grade Level Entering _____

Birth Date _____

Gender _____

CAMPER COMMENTS:

What do you hope to accomplish at camp this summer? _____

PARENT COMMENTS: Please provide us with any pertinent information that will
contribute to a positive camp experience for your child: _____

**Return with final payment to: Monmouth All-Sports Camp
Stockdale Center
700 East Broadway
Monmouth, IL 61462**