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Bunk Request Form

Camper's Name:	DOB:
Session: Full <input type="checkbox"/> 1 st Half <input type="checkbox"/> 2 nd Half <input type="checkbox"/> 1 st 2-Weeks (1-2) <input type="checkbox"/> 2 nd 2-Weeks (5-6) <input type="checkbox"/>	
Grade (Sept.):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

I. Returning Campers:

A. If your child is a returning camper, does he or she want to remain with the same group of campers?

Yes **No** (Please comment below)

II. Bunk Requests:

A. Please list any campers you would like your child bunked with (if different than above):

III. Special Information:

A. If you have any special information you would like to share concerning bunking, please comment below:

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