



Camp Yavneh - 2010

מחנה יבנה

Camper Questionnaire

(to be completed by the camper)

Camper's Name: _____ Session: _____

Grade you are in right now: _____ Email address: _____

1. How do you feel about coming to Camp Yavneh this summer?

2. What are you looking forward to doing at camp this summer?

3. What are your favorite hobbies/interests?

4. What are your favorite subjects at school/Hebrew School?

5. What (if anything special) is making you worried about going away to camp?

6. Are there any things we should know about you?

(we would like to be as helpful as possible!)

7. Are there any people you would like to be in the same bunk with? Yes No

If yes, who? _____

Please write the names of only two people. Please note that we can only guarantee one request .

8. Is there any one person you would like to sleep near? Yes No

If yes, who? _____ If no, don't worry we'll find someone nice!

(We will do our best to accommodate this request)

See other side

9. Do you have any relatives in camp? Please list their names and how you are related to them:

10. Have you read, with a parent, both the camp safety policy and the technology policy available at <http://campyavneh.org/forms?>

✓ I have read the safety and technology policies with my parent(s)

Signature

Date

11. **New campers only:**

Do you go on sleepovers? _____

What do you like about sleepovers? _____

What do you not like about sleepovers? _____

ADDITIONAL COMMENTS: (Anything else you would like us to know)
