

PLEASE RETURN THIS FORM TO THE CAMP

CLUB NAME _____ DISTRICT _____

PLEASE CHOOSE YOUR WORK DAY - March 5th _____ April 2nd _____ May 7th _____

DO YOU PLAN TO ARRIVE - FRIDAY ___ SATURDAY ___ TIME _____

NUMBER OF PEOPLE STAYING AT CAMP: MALES _____ FEMALES _____ YOUTH: MALE _____
FEMALE _____

NUMBER OF PEOPLE FOR MEALS: BREAKFAST _____ LUNCH _____

CONTACT PERSON:

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: W _____ H _____

CLUB PRESIDENT:

NAME _____

ADDRESS _____

To make the work day pleasant for all that attend, please tell us the number of workers who have **limited activity** levels: Lifting ___ Outdoor Heat or Cold ___ Yard work ___ Walking ___ Tree clearing ___ Climbing ___ Other _____

How many of those attending have the skills or knowledge of the following and can bring the needed equipment?

Welding ___ Carpentry ___ Electrical ___ Painting ___ Exterminating ___ Air Conditioning ___

Equipment we may need:

Chain Saws ___ Edgers ___ Rakes ___ Limb Loppers ___ Shovels ___ Hedge Trimmers ___
Commercial paint spray rig ___ Commercial pressure washer ___

Please add other skills or available equipment that are not listed:
