

Camp Scrapbook Paradise Camper Info Sheet

Name: _____

Emergency Contact: _____

Emergency Contact Information: _____

Cabin Assignment Information:

1. Please name who you would like to share a cabin with:

2. Please check all that apply

- Night Owl
- Early Riser
- First Time Going to Camp!
- Alumnae (if so, how many years have you attended camp?) ____
- I need an outlet near my bed for medical reasons

Table Assignment Information:

1. Please name who you would like to share a table with: _____
2. Please check all that apply:
 - I will need an outlet near my table for a die cutting machine
 - I will need to be near an exit in case of an emergency
 - I consider myself a quiet cropper
 - I consider myself a chatty Cathy cropper

Camp Experience Information: All information is confidential

1. What are you favorite crop snacks? _____
2. What is your favorite music/artists you like to crop to? _____
3. What is the highest rating level of Movies you prefer (PG/PG-13/R)? _____
4. Do you have any food allergies? (Please see Camp Menu 2016)

5. Do you have any medical conditions (please list any conditions along with medication):

6. Please check all that apply:

- I am interested in cardmaking
- I am interested in scrapbooking only
- I am interested in doing a make 'n take
- I am interested in a Copic and new product demonstrations
- I am interested in kits being available to purchase at camp
- I am interested in games, raffles, and prizes

