

## ALDERSGATE - CAMPER INFORMATION FORM

**THIS FORM IS TO BE COMPLETED BY THE CAMPER**

Your Name \_\_\_\_\_

Do you have a nickname? \_\_\_\_\_ Age \_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

\_\_\_\_\_

Do you have any hobbies? Sports, reading etc.

\_\_\_\_\_

\_\_\_\_\_

What are your responsibilities at home? \_\_\_\_\_

\_\_\_\_\_

Have you ever been to camp before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

\_\_\_\_\_

If you went to camp, what was cool about it?

\_\_\_\_\_

\_\_\_\_\_

Name 4 things that you really want to do at camp this summer.

\_\_\_\_\_

\_\_\_\_\_

Name one thing you really like about yourself. \_\_\_\_\_

\_\_\_\_\_

Name one thing you wish you could change about yourself. \_\_\_\_\_

\_\_\_\_\_

If you could ask God absolutely anything, what would it be? \_\_\_\_\_

\_\_\_\_\_

**Please return by May 30<sup>th</sup> to:**

Aldersgate Center

PO Box 122 Swartswood, NJ 07877

Phone: 973-383-5978

Fax: 973-383-4428

Rev. 1/03

