

PLEASE RETURN THIS FORM TO THE CAMP

CLUB NAME _____ DISTRICT _____

PLEASE CHOOSE YOUR WORK DAY - MARCH 3rd _____ MARCH 31st _____ MAY 5th _____

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

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

NUMBER OF PEOPLE FOR MEALS: BREAKFAST _____ LUNCH _____

CONTACT PERSON:

NAME: _____

ADDRESS: _____

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:
