



Getting to Know You

Please complete this form with all pertinent information:

Girls Name: _____
Current School Grade: _____
Age: _____
School: _____

Parents Name: _____
Contact Phone: _____
Email: _____
County: _____

Camp Sessions Attending:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Interesting Facts:

Nickname: _____
Favorite Color: _____
Favorite TV Show: _____
Favorite Flavor Ice Cream: _____
Favorite Animal: _____
Favorite Movie: _____
Favorite Musical Artist: _____
Favorite Book: _____
Favorite Outdoor Activity: _____

Parent Signature and Date: _____

Please email all paperwork at least 2 weeks prior to the start of camp to:

summercamp@citrus-gs.org