



**This is your invitation to bring youth from your community to the**



A partnership of HOPE *worldwide*, the North Slope Borough, the North Slope Borough School District, and Arctic Slope Regional Corporation.



**April 1, 2010**

**Dear school staff and leadership team:**

This summer, we are pleased to announce that the Mack Strong TEAM-WORKS Sports & Leadership Camp will be held in Alaska. The camp will be in Barrow June 23– 29, 2010.

We will host all activities on the North Slope Borough School District's grounds and facilities. Dozens of professional and collegiate athletes and artists will gather to provide skills training. Furthermore, campers will receive leadership classes in "real life" issues to help them achieve their dreams. We will also participate in various cultural activities and the Nalukataq Festival celebration. Get ready to be inspired, get challenged and to have fun!

### **History**

We look forward to our fourth annual Mack Strong TEAM-WORKS Sports & Leadership Camp. For the last three years the Tulalip Tribes in Washington State hosted the camp, so it is an honor to hold it in Alaska. Last year was a success as more than 100 students from six tribes enjoyed the third year of camp. Students, coaches, players and parents alike expressed excitement over inter-tribal participation and the fact that the mentors focused on healthy lifestyles as much as they focus on sports. Professional athletes not only instructed young players on the fundamentals of sports, but also shared stories of personal hardship, courage, and victory. We have a great need in our communities to develop leadership and positive youth behavior. The TEAM-WORKS camp is an opportunity for kids to push themselves, to mature, and to bring a positive message back to their communities.

### **Who can come?**

Registration is on a first come first serve basis due to limited space. Your tribal community can have up to 25 students and chaperones; at the minimum a 6 to 1 ratio is required. You must bring one chaperone for every six students. **Participants should be entering the 7th through 12th grades in the fall of 2010.** Camp is free of charge and you will receive a donated round trip ticket from Anchorage to Barrow, however, you have to provide travel expenses to and from Anchorage for each registrant (students and chaperones). Once you arrive to Barrow food, lodging, and transportation will be provided to the youth participants, coaches and chaperones who accompany them. Please inform students that due to space, they may not be able to participate in their first choice of activity. It is important for them to indicate their first and second choices.

### **Registration**

Enclosed, please find all registration form for students and chaperones from your community. Please complete all the information neatly and return it to us **by fax at (206) 323-1118 or by mail to HOPE worldwide –Washington Chapter 611 12<sup>th</sup> Avenue S. – Suite 300 Seattle, WA 98144.**

After we receive your completed registration, we will send you a confirmation letter confirming your slots.

### **Chaperones**

Please choose **at least** two chaperones to accompany your students' flight. Chaperones must be at least 21 years of age. We ask you to choose chaperones who are committed and strong leaders. We are well aware how strenuous a job chaperoning can be. In order to help the camp experience be as productive as possible, there will be a brief chaperone orientation meeting on the first day of the camp. At this meeting, we will discuss the role the chaperones are expected to play during the camp.

### **Deadline**

Please understand the importance of communicating with us as soon as possible regarding the number of students you plan to bring. We ask that you return the registration form as soon as possible and no later than April 21, 2010.

Once again, we have included a form for you to use to list the participants, activities, and chaperones you select. Please be sure to return the completed form to us. We look forward to seeing you in June.

If you have any questions or comments, please contact me at (206) 769.4841 or [zoe\\_strong@hopeww.org](mailto:zoe_strong@hopeww.org).

Sincerely,

Zoe Higheagle Strong  
Washington Chapter Director  
*HOPE worldwide*

# CHECKLIST

Please return the following items to register students and chaperones:

## FOR CAMPERS

- Registration forms
- Confidential health information
- Waiver of liability
- Behavior contract
- Media release

## FOR CHAPERONES

- Registration forms
- Chaperone rights and responsibilities
- Confidential health information
- Waiver of liability

The Mack Strong TEAM-WORKS  
Sports and Leadership Camp 2010  
June 23-29, 2010 Barrow, Alaska  
**Camper Registration**

*\*Please Print*

STUDENT'S NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE (Please circle) S M L XL XXL XXXL

1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE

(Football, Volleyball, Wrestling, Basketball)

OR

1<sup>st</sup> choice art: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Scholarship? Y N

(Videography, Visual Art, Music, Theatre)

STUDENT'S NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ TRIBE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE (Please circle) S M L XL XXL XXXL

1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE

(Football, Volleyball, Wrestling, Basketball)

OR

1<sup>st</sup> choice art: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Scholarship? Y N

(Videography, Visual Art, Music, Theatre)

STUDENT'S NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ TRIBE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE (Please circle) S M L XL XXL XXXL

1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE

(Football, Volleyball, Wrestling, Basketball)

OR

1<sup>st</sup> choice art: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Scholarship? Y N

(Videography, Visual Art, Music, Theatre)

(COPY AS MANY AS NEEDED)

STUDENT'S NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_  
CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE (Please circle) S M L XL XXL XXXL  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE  
(Football, Volleyball, Wrestling, Basketball)  
OR  
1<sup>st</sup> choice art: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Scholarship? Y N  
(Videography, Visual Art, Music, Theatre)

STUDENT'S NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ TRIBE: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE (Please circle) S M L XL XXL XXXL  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE  
(Football, Volleyball, Wrestling, Basketball)  
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ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ TRIBE: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE (Please circle) S M L XL XXL XXXL  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE  
(Football, Volleyball, Wrestling, Basketball)  
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1<sup>st</sup> choice art: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Scholarship? Y N  
(Videography, Visual Art, Music, Theatre)

Contact Naomi Wallace (206) 323.1100 or (253) 232-6144  
or email [naomi\\_wallace@hopeww.org](mailto:naomi_wallace@hopeww.org) with questions  
fax registration forms to (206)323.1118

# Camper Confidential Health Information

Camper Name: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Health History** ~ *(the following information must be completed)*

**Allergies** – list all known and describe how reaction is managed

Medication allergies \_\_\_\_\_

Food allergies \_\_\_\_\_

Other allergies *(insect bites, hay fever, asthma, animal dander, etc.)*

\_\_\_\_\_

**Activity restrictions:** \_\_\_\_\_

Do you have any health concerns you would like camp personnel to be aware of? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you will be taking while at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Camper Liability Waiver

I understand that injuries can occur naturally during athletic play and during other activities. I am assured that HOPE *worldwide* and the North Slope Borough School District will take any and all reasonable precautions to protect my child's safety. I consent that HOPE *worldwide* and the North Slope Borough School District are neither the guarantors nor the insurers of my child's safety. My child is ultimately taking part in the 2010 Mack Strong TEAM-WORKS Sports and Leadership Camp at his or her own risk.

Should it be necessary for my child to receive medical attention or treatment while participating in these activities, I hereby give permission for HOPE *worldwide* and North Slope Borough School District staff or volunteers to use their best judgment in obtaining medical attention and treatment for him or her. I further give permission to the medical professional that is selected by HOPE *worldwide* and North Slope Borough School District staff or volunteers to render medical attention or administer medical treatment as the medical professional deems necessary. I also give permission for HOPE *worldwide* and North Slope Borough School District staff or volunteers to use their best judgment to otherwise render assistance (i.e., first aid, CPR, etc.) in the event of injury or illness. I understand that any cost incurred for such medical attention shall be my sole responsibility.

Child's name (print): \_\_\_\_\_

Parent or guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Student Behavior Contract

In order to ensure that our camp is successful, we ask that you and your child understand and comply with our behavior procedures. By signing this behavior contract, you are agreeing to comply with and are accepting the consequences when these procedures are not followed. We expect the children to make the right choices and to be responsible for their own actions.

Please read over the behavior contract with your child. Encourage him or her to follow all procedures and please make sure they understand the consequences. Once they clearly understand, please sign the behavior contract. Working together, we will have a very successful program!

## BEHAVIOR EXPECTATIONS

Attendance at camp is a privilege, not a right. Each participant is expected to participate in all activities with the attitude of a team member. Each team member is expected to come with a positive, respectful, and self-controlled attitude.

All campers must maintain a level of behavior that is acceptable to the camp staff. Behavior that is not acceptable will render the member ineligible. Examples of unacceptable behavior are: fighting, bullying, pushing, hitting, making threats, use of profanity, name calling, extreme joking, not attending sessions without permission, endangering the safety of others or treating property of the program or other students with disrespect.

All campers will be expected to attend and participate in all planned activities. Failure or refusal to participate can render the camper ineligible.

All participants are expected to abide by the law of the State of Alaska. Breaking the law will result in immediate dismissal from camp and intervention of local police. Should any participant be arrested, his or her parent or guardian is responsible for his or her release.

## CONSEQUENCES

The participant will receive a warning.

The participant will not be allowed to participate in activities.

The parent or guardian will be contacted.

The participant will be dismissed from the program and be released to the care of the chaperone.

Decisions regarding reinstatement of a suspended student will be responsibility of the camp personnel.

### **Personal Loss:**

I understand that The Mack Strong Sports & Leadership Camp, HOPE *worldwide* and the North Slope Borough School District do not cover theft, loss, or damage to my child's personal equipment or property. I understand that the Mack Strong Sports & Leadership Camp, HOPE *worldwide* and NSBSD recommend that I check with my personal insurance coverage to confirm my insurance will cover any loss.

### **Prohibited Items:**

I agree that I will not participate in any illegal activity during any part of the camp, including but not limited to, use or possession of alcohol, tobacco, fireworks, weapons, or any controlled

substance. I will treat each team member with equal respect and fairness. I agree that any disregard for these guidelines, or other behavior detrimental to the group, may result in my dismissal from the camp and if appropriate, be reported to the police. In the event that I am dismissed I understand that my parent/guardian is responsible to pick me up immediately. I have read the above agreements with my parents/guardians and agree to abide by them.

**Damage to camp and/or North Slope Borough School District property:**

I understand that I will be responsible for all costs incurred if my child damages any camp or School District property. I understand that if the damage is serious enough, law enforcement will be involved.

**Appearance & Attire:** Dress must be appropriate for an active sports camp program. Clothing must fit so that the camper is not endangered during any activities. No extremely tight or provocative attire is permitted and no underwear may be showing. No logos may depict violence, foul language or topics such as: beer, tobacco, drug or gang references. No body piercing jewelry, except earrings, is allowed (for safety reasons).

In the event that your child fails to meet the above Code of Conduct at any time during the camp session, discussion with camper and parents or guardians will ensue. Your child will either be sent home or sit out the rest of camp. We are committed to helping each and every camper succeed at having a fun-filled and enriching camp experience.

I have read, fully understand and agree to abide by the above guidelines and conditions.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Student Media Release

Photos and video taken at the camp may be selected for use in press releases, promotional materials, and the websites for HOPE *worldwide* and the North Slope Borough School District. Please return the following with your registration materials for the 2010 Mack Strong TEAM-WORKS Sports & Leadership Camp.

I, \_\_\_\_\_, agree to have my name, picture, and statement appear on NSBSD and HOPE *worldwide* press releases, promotional materials, and websites.

I understand that anyone with Internet access can view this information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Mack Strong TEAM-WORKS  
Sports and Leadership Camp 2010  
June 23-29, 2010 Barrow, Alaska  
**Chaperone Registration**

***\*Please Print***

NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
PLEASE CIRCLE: MALE OR FEMALE

NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
PLEASE CIRCLE: MALE OR FEMALE

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STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
PLEASE CIRCLE: MALE OR FEMALE

**NORTH SLOPE BOROUGH SCHOOL DISTRICT**  
**P.O. BOX 169**  
**Barrow, AK 99723**  
**907/852-5311**



## **CHAPERONE RIGHTS AND RESPONSIBILITIES**

1. While adults are on a school trip chaperoning students, they are expected to set an example of proper behavior. **Chaperones must be available at all times to assist with student supervision.**
2. Chaperones are expected to enforce School District travel regulations and procedures and to report all violations of the rules to the principal of the student who violates the rules.
3. Chaperones have the right and responsibility to screen and authorize all student activities, such as movies, dances, etc. Only movies rated "G", "PG", or "PG-13" shall be permitted.
4. The use of alcohol and/or drugs by persons chaperoning is prohibited.
5. The chaperone shall carry the original copy of the Student Eligibility and Student Travel Request forms on each trip.
6. If in the judgment of the chaperone(s) weather conditions are marginal for safe travel, the chaperone(s) shall have the authority to cancel or reschedule travel.
7. Chaperones have the authority to set and enforce appropriate curfew times insuring that students receive adequate rest.
8. Chaperones have the right to turn a student over to the police or juvenile authorities when, in their judgment, they are unable to control the student or the student presents a danger to others.  
  
Chaperones have the responsibility to notify the principal, and the principal has the responsibility to notify the parent(s), if the student is having medical problems, is being returned to the home site, or is being held by the police. The principal has the responsibility to notify the Superintendent.
9. Chaperones shall determine if a student is using or is under the influence of alcohol and/or illegal drugs. If the student denies being under the influence, the chaperone may request assistance from the police department to administer a Breath Alcohol Test. The decision of the chaperone(s) in these matters shall be final.
10. If a student leaves the group without authorization and cannot be found immediately or will not return to the group, the chaperone(s) shall contact the police and make every effort to contact the principal as well.

**FIRST OFFENSE:** The chaperone may not be allowed to chaperone students for up to the remainder of the school year.

**SECOND OFFENSE:** The chaperone may not be allowed to be chaperone students for up to two years.

**I AGREE TO ABIDE BY THE RULES CONTAINED IN ITEMS 1 THROUGH 11 NOTED ABOVE.**

\_\_\_\_\_  
**Chaperone's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Activity**

\_\_\_\_\_  
**Date**

Name: \_\_\_\_\_

# Chaperone Confidential Health Information

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Group #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Health History** ~ *(the following information must be completed)*

**Allergies** – list all known and describe how reaction is managed

Medication allergies \_\_\_\_\_

Food allergies \_\_\_\_\_

Other allergies *(insect bites, hay fever, asthma, animal dander, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

**Activity restrictions:** \_\_\_\_\_

Do you have any health concerns you would like camp personnel to be aware of? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you will be taking while at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Chaperone Liability Waiver

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Should it be necessary for my child to receive medical attention or treatment while participating in these activities, I hereby give permission for HOPE *worldwide* and North Slope Borough School District staff or volunteers to use their best judgment in obtaining medical attention and treatment for him or her. I further give permission to the medical professional that is selected by HOPE *worldwide* and North Slope Borough School District staff or volunteers to render medical attention or administer medical treatment as the medical professional deems necessary. I also give permission for HOPE *worldwide* and North Slope Borough School District staff or volunteers to use their best judgment to otherwise render assistance (i.e., first aid, CPR, etc.) in the event of injury or illness. I understand that any cost incurred for such medical attention shall be my sole responsibility.

Child's name (print): \_\_\_\_\_

Parent or guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# What to Bring to Camp

A suggested list of clothing and supplies includes:

- |                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Pillow Case            | <input type="checkbox"/> Pillow             |
| <input type="checkbox"/> Towels                 | <input type="checkbox"/> Washcloths         |
| <input type="checkbox"/> Long Pants             | <input type="checkbox"/> Shorts             |
| <input type="checkbox"/> Underwear              | <input type="checkbox"/> Socks              |
| <input type="checkbox"/> T-Shirts               | <input type="checkbox"/> Pajamas            |
| <input type="checkbox"/> Raincoat               | <input type="checkbox"/> Hat                |
| <input type="checkbox"/> Sweatshirt             | <input type="checkbox"/> Long Sleeved Shirt |
| <input type="checkbox"/> Flashlight             | <input type="checkbox"/> Dirty clothes bag  |
| <input type="checkbox"/> Toiletries             | <input type="checkbox"/> Insect Repellent   |
| <input type="checkbox"/> Sun Screen             | <input type="checkbox"/> Sneakers           |
| <input type="checkbox"/> Sleeping Bag <b>or</b> | <input type="checkbox"/> Sheets/Blankets    |
| <input type="checkbox"/> Shoes that can get wet | <input type="checkbox"/> Snacks             |

Please feel free to bring other small items which will make your stay at camp comfortable.

## **Please DO NOT Bring**

Radios	CD Players	IPods	MP3 Players
Video Games	Pocket Knives	Fireworks	Cell Phones
Drugs or Alcohol			