

Group Information Form

YMCA Camp Ockanickon, Inc.

The purpose of this form is to allow Camp Ockanickon's teaching staff know more about your participants, their backgrounds, and the groups goals for the trip. This will help us provide a memorable experience.

Group Name _____ Age (s) _____

of years your group has attended YMCA Camp Ockanickon _____

What type of leadership will be with each group? teachers, parents, or other _____

What are some goals you would like your participants to achieve while at camp?

If parents are attending, what will be the extent of their role (attend class, watch cabins at night, help teach programs)?

Is this a special population group? yes no if yes, please describe:

What should we know about your participants before they arrive? Please be specific (use some adjectives to describe participants behavior, curiosity level, approach to learning).

Have your participants experienced any prior outdoor educational experiences yes no if yes, please describe:

We need to know in advance any important medical situations or dietary restrictions your students may have,. Please note we do not supply a nurse for any of our groups. Please list:

Please list any additional plans or important notes of which we should be aware of:



1303 Stokes Road
Medford, NJ 08055

Phone: 609-678-1528
Fax: 609-654-8895
E-mail: joe@ycamp.org