PRE-CAMP QUESTIONNAIRE

Name of Church/Group/Organisation: _____

Contact Details **Phone (H)** _____ **E-Mail** _____

Phone (W) _____ **Fax** _____

Cellphone _____

Address: _____

_____

_____

Name of Group Leader: _____

Name of Minister/Principal _____

CAMP INFORMATION

Objectives/Outcomes of Camp: _____

_____

_____

_____

_____

Size of Group: _____ **Number of Adults/Leaders:** _____

Boy/Girl Ratio: **Boys:** _____ **Girls:** _____

Average Age of participants: _____

Known group interaction: _____

_____

_____

Cultural mix: _____

Group spirituality: _____

Physical issues of participants: _____

_____

Activities you would like us to include:				
	Abseiling	Expedition/Hike	Kayaking	Air Riflery
	Paintball	Orienteering	Archery	Mountain Biking

MEALS

Dietary requirements: _____

_____

TRANSPORT

Transport arrangements: _____

Time of arrival: **Date:** _____ **Time:** _____

Time of departure: **Date:** _____ **Time:** _____

CHECK LIST

QUOTE	**Done**
Booking form accepted,signed and returned	
Deposit paid	
Date	
Amount	
Map received	

INDEMNITY	
Indemnity Forms Received	
Group indemnity signed and returned	
Individual indemnities for	
all participants - signed	
Name list/dietary req. of participants sent	

OPTIONS

	Qty
T-Shirts	
Caps	
DVD	
Photo CD	

OTHER

Other requirements: _____