

NEW PONACKIAN QUESTIONNAIRE

* Please ask your son to complete this form in his own hand writing.

YOUR NAME _____ How do you feel about going to camp? _____

What are you especially looking forward to? _____

Are you worried about anything? _____ What?

If there are boys you would like in your group, please name them. _____

If there are boys you would not like in your group, please name them. _____

Tell us something about your likes, dislikes, hobbies, and the kind of person you are. (Use the reverse side if necessary)

If you have your Swim Kids 8, would you like to try a lake swim? YES () NO () If so, how many? _____

Tell us what you hope to gain from your stay at Ponacka.

Did a relative attend Ponacka? YES () NO () If so, what was his/her name? _____

If so, to what tribe did he/she belong? STONEY () BLACKFOOT ()

What other camps have you attended?

Camp _____ Years: _____

Camp _____ Years: _____

This summer, my parents have enrolled my sister (or brother) at the following camp(s):

Name of brother or sister	Age	Camp	July or August?

Please list the names and addresses of friends who may wish to attend Ponacka in the future:

