girl scouts of oregon & sw washington

Share Your Camper Form

To ensure that your camper has the best experience we would like to learn more about her. This information will be shared with staff working with your campers. Thank you for your time and assistance.

Camper Name:	
Primary Phone:	Email:
Mark all camps your camper is attending: Camp Arrowhead (AH) ☐ Camp Cleawox (CX) ☐ Camp Whispering Winds (WW) ☐	
Session Name:	Session Start Date:

Has she attended overnight camp before? ☐ Yes ☐ No

If so number of years? Where?

1. Tell us about your camper, likes, interests, dislikes....

2. What is your camper excited about at camp?

3. How does your camper relate to other girls her age?

4. Is there anything that you are concerned about for your camper at camp?

5. Is there anything else you would like us to know or be aware of to ensure your camper has the best experience possible?

Please submit no later than three weeks prior to the start of your camp session. The form can be submitted to:
Email: events@girlscoutsosw.org
Fax: 503-892-7619
Mail: 9620 SW Barbur Blvd, Portland, OR 97219