



Camp Perkins Day Camp

Congregation Vital Stats Sheet

Please submit to Camp Perkins 2 weeks prior to your day camp

Name of Congregation: _____

Day Camp Site Address: _____

City, State: _____

Church Phone: _____ Camper Estimate: _____

Congregation Coordinator: _____

Congregation Coordinator Phone: _____ E-Mail: _____

What are the daily hours of the DayCamp experience? _____

What time is the meeting with Volunteers on Sunday? _____

Where will this meeting take place? _____

Host Families

Family Name	Address	Phone Number(s)

Please list evening activities you have planned for the staff to lead or attend

Day	Planned Evening Activity	Time & Location
	Volunteer Meeting	

Please list any other Planned Special Events during the week:

Day	Event	Time & Location	Name of Special Coordinator



Emergency Information

Name of Congregation: _____

Day Camp Site Address: _____

City, State: _____

Church Phone: _____

Pastor at home: _____

Pastor cell: _____

Police: _____

Hospital: _____

Ambulance: _____

Fire Department: _____

Camp Perkins: Camp Office: 208-774-3372 Camp After-hours: 208-774-2272

Host Family: Name: _____

Phone: _____

Host Family: Name: _____

Phone: _____

Please complete this form and give it to the Day Camp Coordinator. In addition, post one copy by a church telephone available to the Day Camp Staff while camp is in session.