Camper's Name:_____ **Phone Number:**_____

Personal Information Form

In order to help us provide the individualized attention to each and every camper that CDG is known for, we request that you complete this form. The following information will be given to your child's Division Head and Counselor and will be kept in strict confidence.

Please list anything that will help us give your child the best camping experience possible.

Please check all that apply (additional comments may be made at bottom):

- Bedwetting
- Fear of Swimming
- Allergies
- Asthma
- Special Diet
- Family Situation

Additional Comments: _____