

CANADIAN SUNDAY SCHOOL MISSION -- SASKATCHEWAN BRANCH

CAMP DIRECTOR'S REPORT -- WEEKLY

The camp director is required to complete this form in duplicate for each weekly session. One copy for the Camp Board and one copy for the Branch Office.

Name of Camp _____ Dates _____ 19____

1. Age range of campers _____ to _____ or check one of: Family _____, Senior Citizen _____.

2. Positive comments:

3. Negative comments:

4. Number of camper commitments _____ 7. Number of campers _____

5. First time decisions _____ 8. Camper days _____

(1 camper X 6 days = 6 camper days)

6. Total number of staff _____

Camp Director _____.