



HELP US GET TO KNOW YOUR BUDDY BETTER BEFORE YOU ENROLL THEM FOR ONE OF OUR CAMPS...

1. Name of Buddy _____
2. Age of Buddy _____
3. Name & Relation of Guardian _____
4. Phone/Email _____ / _____
5. Address _____
6. What disability does your buddy have? _____
7. How many medications do they take daily? _____
8. Have they attended a camp before? _____
9. Which camp(s) and for how many years? _____
10. Does your buddy go to school? work? Where? _____
11. What are your buddy's favorite hobbies? _____
12. How does your buddy best communicate? _____
13. How does your buddy handle new social situations? _____
14. How did you hear about our camps? _____

Please email this form to camp@ccoc.org or fax to 714.984.8482 with the subject line NEW CAMPER or mail to 5140 Box Canyon CT Unit A, Yorba Linda, CA 92887 and we will be sure to get back to you!

Thank you,

Meghan Schinderle & Katie Webb
Camp Directors