

ALL ABOUT ME

To help our guide staff know canoe trip participants better and give them a chance for a more enjoyable canoeing experience, we ask you to complete the following form. This information will be kept in strict confidence. Though some of the information requested here appears on various other forms, we ask you to repeat it, since guide staff will not see all the other forms.

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Participant's Name: _____

NLCB Session Name/Date: _____

Age _____ **School grade in upcoming fall** _____ **Birthday** _____

Has she stayed away from home/family two or more consecutive nights? YES NO

Did she enjoy the experience? YES NO

Is she prone to homesickness? YES NO If yes, what has helped her in the past?

Previous camping experience (list number of times she has participated in each):

Family Camping ____ Resident (without troop/family) ____ Day Camp ____ Troop Camping ____

Does she have any special fears (e.g. storms, water, and insects)? YES NO

If yes, please explain source & what has helped in the past.

Does she have allergies or dietary restrictions (food, insect bites, weeds)? YES NO

If yes, please explain.

OVER PLEASE

Does your girl sleep walk? YES NO Wet the bed? YES NO

If yes to either of these, what can we do to help her?

Has your girl begun menstruation? YES NO

If no, what information has she been given about menstruation?

How easily does your girl adjust to new living situations, new people, and new experiences?

The participant should answer the following questions:

What activities would you like to try on your canoe trip?

1. _____
2. _____
3. _____

Please tell us about any previous canoeing experiences.

Is there anything that you are nervous about?

What are your special interests and/or hobbies?

What do you hope to gain from your canoe trip experience?

See you at the Girl Scout canoe base!