

Children's Camp Facility and Staff Description – Additional Sessions

Complete this page if your camp has additional sessions.

Camp Capacity Session # _____	Dates: ____/____/2012 to ____/____/2012				Minimum Required Ratios For Normal Activities
	Hours: ____:____ to ____:____				
	Days: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa				
Campers & CITs Enrolled		Senior Counselors Assigned			
Age Group	Male	Female	Male	Female	Staff : Campers
1 to 5					1:6
6 to 7					1:9
8 to 12					1:12
13 to 15					1:12
16 & 17					1:12
CIT**					

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