

PRE-CAMP PLANNING FORM*

CAMP _____ DATE OF CAMP _____
 COORDINATING AGENT _____ PHONE _____

ANTICIPATED ATTENDANCE
 CAMPERS VOL./AGENTS

Counties Scheduled	Agent(s) or Volunteer in Charge	Boys	Girls	Male	Female

CAMP CAPACITY: _____ TOTALS: _____

CAMPING OBJECTIVES FOR THE WEEK.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

CAMP WEEK PLANS - (WHAT/WHO RESPONSIBLE)

Extra _____
 Class(es) _____

Free Time Activities _____

Our Group's _____
 Evening _____
 Program _____

Other Evening _____
 Program _____
 Suggestions _____

Intro to 4-H: _____ 4-H Demonstration: _____

Please use the following code after each entry above to indicate who is to assume leadership for the activity: (A) Agent (VL) Volunteer Leader (TL) Teen Leader (CS) Camp Staff (RP) Resource Person. Use small case letters to indicate who will assist the person in charge (same code).

*Use other side if necessary or attach a copy of planned program with assignments. This form is to be mailed to the Camp Director at least 2 weeks prior to the camp date by the coordinating agent only. Please send a copy to the 4-H Camping Office.