

PARENT'S LETTER TO THE COUNSELOR



At Asbury Hills, we want every camper's experience to be successful and beneficial. This letter, and its counterpart filled out by your child, will help our staff to better prepare for your child's camp experience.

Camper Name: _____ Session and Dates: _____

1. My child is coming to camp to:

- Make new friends
- Grow in his/her faith
- Have fun
- Experience God's creation
- Learn new skills
- Get a vacation
- Other: _____

What grade is your child entering? _____
 Is this your child's first overnight camp? ___ YES ___ NO
 Is your child coming with a friend? ___ YES ___ NO
 Has your child been to Asbury Hills before? ___ YES ___ NO
 Does your child have a birthday while at camp? ___ YES ___ NO
 If so, date: _____

2. While at camp, I would like my child to do these activities (please check your top 5):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Archery/Slingshot | <input type="checkbox"/> Pool | <input type="checkbox"/> Basketball | JR HIGH AND OLDER |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Climbing Tower | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Alpine Tower |
| <input type="checkbox"/> Creek Hiking | <input type="checkbox"/> Geocaching | <input type="checkbox"/> Nighttime
Orienteering | <input type="checkbox"/> Zipline Canopy Tour |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Field Games | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Moonshine Falls
Hike |
| <input type="checkbox"/> Tree Climbing | <input type="checkbox"/> Cascades Hike | <input type="checkbox"/> Group Drumming | <input type="checkbox"/> Raven Cliff Falls
Hike |

**For more information or activity descriptions, please visit our website (www.asburyhills.org)

3. The perfect counselor for my child would have these qualities:

4. The attitudes, habits, traits that I am trying to strengthen in my child are:

5. What would you like your child to gain from the camp experience at Asbury Hills?

6. Are there any special notes about home life that our staff should be aware of with your child?

7. Is there anything else you would like us to know about your child (bedwetting, homesickness, sleepwalking)?

Please fill out and return 2 weeks before camp to:
Asbury Hills Camp and Retreat
 150 Asbury Drive, Cleveland, SC 29635

CAMPER'S LETTER TO THE COUNSELOR



We're so excited that you're coming to camp! We want to make your camp experience the best it can be. To do that, we need your help. Answering these questions will help us get to know you, and prepare for an amazing week here at Asbury Hills.

Name: _____ Session (w/ dates): _____ Grade Entering: _____

1. While I'm at camp I want to do these activities (check your top 5 choices):

<input type="checkbox"/> Archery/Slingshot	<input type="checkbox"/> Pool	<input type="checkbox"/> Basketball	JR HIGH AND OLDER	
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Climbing Tower	<input type="checkbox"/> Volleyball		<input type="checkbox"/> Alpine Tower
<input type="checkbox"/> Creek Hiking	<input type="checkbox"/> Geocaching	<input type="checkbox"/> Field Games		<input type="checkbox"/> Zipline Canopy Tour
<input type="checkbox"/> Crafts	<input type="checkbox"/> Tree Climbing	<input type="checkbox"/> Low Ropes		<input type="checkbox"/> Moonshine Falls Hike
<input type="checkbox"/> Tree Climbing	<input type="checkbox"/> Cascades Hike	<input type="checkbox"/> Ethnic Drumming		<input type="checkbox"/> Raven Cliff Falls Hike
<input type="checkbox"/> Low Ropes	<input type="checkbox"/> Field Games	<input type="checkbox"/> Nighttime Orienteering		<input type="checkbox"/>

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2. I describe myself as (check all that apply):

<input type="checkbox"/> A morning person	<input type="checkbox"/> A night person	<input type="checkbox"/> High energy
<input type="checkbox"/> Adventurous	<input type="checkbox"/> Like indoors	<input type="checkbox"/> Quiet
<input type="checkbox"/> Athletic	<input type="checkbox"/> Artistic	<input type="checkbox"/> Loud
<input type="checkbox"/> Shy	<input type="checkbox"/> Slow Eater	<input type="checkbox"/> Like outdoors
<input type="checkbox"/> Like big groups	<input type="checkbox"/> Like being alone	<input type="checkbox"/> Fast eater

3. I am coming to camp to:

- Have fun
- Make new friends
- Grow in my relationship with God
- Learn new skills
- Other: _____

4. I am from: _____

5. My favorite movie / book / TV show is: _____

6. In my free time I like to: _____

7. One thing my counselor should know about me is:

8. This is my _____ year at Asbury Hills.

9. I am a little nervous about:

10. My friends would describe me as: _____

11. I look for new friends who are: _____

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12. What are you looking forward to the most at Asbury Hills?

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