



Please mail/email/fax this form to the YMCA Customer Service Center.
YMCA Customer Service, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402
Phone: 612-822-2267 Fax: 612-223-6322
Upload document at ymcanorth.org/contact_us

CAMPER QUESTIONNAIRE

YMCA CAMP WIDJIWAGAN

Camper's Legal Name: _____ Age at time of camp: _____

Camper's Preferred Name: _____ Pronouns: _____

Session Name: _____ Date of Session: _____

Help us put you in the right group each year! Widji trail groups are put together by age, experience and expectations.

TO BE COMPLETED BY CAMPERS

Why did you choose to sign up for a Widji trip?

What excites you about traveling and camping outdoors with your group?

What would you like your Widji Counselor to know about you before you arrive?

What do you anticipate will challenge you about this experience?

How interested are you in challenging yourself physically?

TO BE COMPLETED BY PARENTS/GUARDIANS

What goals do you have for your child's Widji experience? (Feel free to use the back of this form)

What would you like your camper's counselor to know about your camper in order to best support them?