

Summer Camp Activity Questionnaire

Organization name: _____

Site name: _____

Please select any activities you plan to implement in your Summer Camp. This information will be used to complete paperwork for the Department of Health permit.

- | | |
|--|--|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Ice skating |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Martial arts |
| <input type="checkbox"/> Bike riding | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Roller/inline skating |
| <input type="checkbox"/> Cooking/baking | <input type="checkbox"/> STEM activities |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Field hockey | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Fitness classes | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Team building games |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Handball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Hockey | |

If there are other activities you plan to implement, please list them below:
