

DESTINATION IMAGINATION®'S ACCEPT THE CHALLENGE CAMP
PRESENTED FOR IMAGINATION 4 LIFE™ BY INNOVATION TRAINING & CONSULTING, INC.

Help us get to know your child. Share any special interests and talents they have with us. If you have any questions about this form or the camp program, contact Diana Baldi, Camp Administrator, at 847-682-4093 or diana@innovationtrainer.com.

Participant Special Interests Information

Camp Date(s): _____

Participant Name _____

Personal strengths: _____

Personal Goals for camp experience: _____

Personal difficulties: _____

Please provide comment on your understanding of your child's teamwork skills:

(examples include great collaborator, eager to listen to others, has difficulty working as a team player, overbearing, very reserved, limited attention span, impatient, unknown since he/she has had limited experience working in teams)

Participant Experience/Interest/Talent/Skills:

Drama (acting, improv.): Interest YES NO

describe experience _____

Theater Stagecraft (sets, costumes, scripts, etc): Interest YES NO

describe experience _____

Music (vocal, instrumental, other): Interest YES NO

describe experience _____



Art and/or crafts: Interest ___ YES ___ NO ___

describe experience _____

Building and Construction: Interest ___ YES ___ NO

describe experience _____

Mechanical Wizardry: Interest ___ YES ___ NO

describe experience _____

Creative Problem-solving and teamwork

describe experience _____

Has your child had prior great experiences at a day camp? If so, what did they enjoy?

Has your child had prior poor experiences at a day camp? If so, what was the issue?

Are friends/teammates/siblings of your child attending the same camp? If so, who?

For friends/siblings listed above, would you/your child prefer to be on

_____ same team ___ different team ___ no preference

Other comment: _____

Please RETURN this completed form at least 2 weeks prior to camp start to:

Diana Baldi, Camp Administrator
148 W Lincoln Ave
Libertyville, IL 60048

Guardian who completed this form (printed name):

Date completed: _____

