



INFORMATION FORM FOR OVERNIGHTS

Pleaser Fill Out This Form Completely (Print) and Fax to Wanda Chichester at 202 518-9420

Date of Event: _____ Number of Nights at "J": _____

Name of Group: _____

Group Leader 1: _____

Group Leader 2: _____

Number of Youth: _____ Number of Staff: _____ Ages of Youth: _____

Group Contact Person: _____ Phone #: _____

Emergency Contact Name & Phone #'s: _____

Room/Rooms Reserved for Sleepover: _____

Room for Storage (if apply): _____

Extra Activities:

Pool Day _____ Time _____

Pool Day _____ Time _____

Gym Day _____ Time _____

TV/VCR Day _____

Estimated Time of Arrival If After 10pm. No Early Arrivals unless Pre Approved!

Day1 _____ Day 2 _____ Day 3 _____

To Be Filled In By Washington DCJCC Staff Person

"J" Primary Staff Person/this Group: _____

2nd "J" Staff / Assistance: _____

Of Radio Assigned to "J" Staff Person and Camp Staff:

1. _____ 2. _____ 3. _____

(Please put the number/or name on the walkie-talkie and initial)

Special Request by Camp:

