ACTIVITY CHOICES-Week ___

Name: _____

Age: _____

TEEN LEADER?
Yes / No

Cabin/Group: _____

Number your activity choices from #1 to #20. #1 is the activity you want MOST! And #20 is the activity you want the LEAST. Number ALL your choices and do not write below the line!

Order from 1-20 with 1 as your first choice, 2 as second choice and so on	**Activity (*=paid-rank paid activities as the top choices)**	**Minimum age**
	*Arts & Crafts - general	
	*Rocketry	10
	*Mad Science	9
	*Swim Lessons	
	Archery	10
	Bracelet Making	
	Canoeing/Kayaking	
	Creeking	
	Dance	
	Disc Golf	
	Drama	
	Fishing	9
	Movie Making	
	Music	
	Newspaper	
	Outdoor Living	
	Ropes Course	10
	Soccer	
	Sports	
	Swimming	

DO NOT WRITE BELOW THIS LINE

Name: TL: Y/N Cabin/Grp: Week

1st	2nd
3rd	4th