

## CAMP SESSION INFORMATION SHEET

Please Note: This information along with a copy of your schedule, class information, etc. MUST be in the Camp Office two weeks prior to your camp session. This helps Camp Staff to be prepared for your arrival. It also helps us to be in compliance with State of Michigan Regulations.

Dean's Name: \_\_\_\_\_

Co-Dean's Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_

Session Dates: \_\_\_\_\_

Total Number of Faculty including children, support personnel, etc. \_\_\_\_\_

**Missionary/Mission Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chapel Speaker: \_\_\_\_\_

Music/Worship Leader: \_\_\_\_\_

**Housing Supervisors (Dean of Boys/Dean of Girls)**

Male: \_\_\_\_\_

Female: \_\_\_\_\_

Camp Fire Speaker(s): \_\_\_\_\_

\_\_\_\_\_

Recreation Director: \_\_\_\_\_

(This person will be responsible for all equipment in the Sports Shed.)

**Special Speakers and the days they will be on campus:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FACULTY ROSTER SHEET

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Served as WCSC Faculty last year for any camp session?  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Served as WCSC Faculty last year for any camp session?  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Served as WCSC Faculty last year for any camp session?  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Responsibility: \_\_\_\_\_

\_\_\_\_\_  
Served as WCSC Faculty last year for any camp session  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Responsibility: \_\_\_\_\_

\_\_\_\_\_  
Served as WCSC Faculty last year for any camp session  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Responsibility: \_\_\_\_\_

\_\_\_\_\_  
Served as WCSC Faculty last year for any camp session  YES  NO