



Activity Selection Sheet

Project Worth

Please complete this sheet and return to camp by _____

Group Name: _____

Date of Outing: _____

Age of Participants: _____

Grade Level(s): _____

\$\$ additional fees for this activity

** highly recommended Project Worth activities

(2) requires 2 (two) activity periods

Group Division

Please select your preference.

<input type="checkbox"/> Groups will already be divided	<input type="checkbox"/> Camp staff to randomly divide group
<input type="checkbox"/> Number of groups	

Core Activities

Please choose 8 (eight) of the following core activities and number them in order of preference.

<input type="checkbox"/> Archery	<input type="checkbox"/> Group Dynamics II **	<input type="checkbox"/> Secrets of the Mountain
<input type="checkbox"/> Bafa Bafa **	<input type="checkbox"/> High Ropes \$\$, **	<input type="checkbox"/> Service Project
<input type="checkbox"/> The Beast	<input type="checkbox"/> Large Group Closing	<input type="checkbox"/> Showerbath Falls Hike
<input type="checkbox"/> Bouldering	<input type="checkbox"/> Large Group Games	<input type="checkbox"/> Stereotypes** (aka-Discovering Differences)
<input type="checkbox"/> Canoeing \$\$	<input type="checkbox"/> Mountain Feud	<input type="checkbox"/> Tree Stories with hike to PP
<input type="checkbox"/> Climbing Experience \$\$	<input type="checkbox"/> Nature Center	<input type="checkbox"/> Which Way
<input type="checkbox"/> Conflict Resolution !	<input type="checkbox"/> Option Period	<input type="checkbox"/> Wilderness Skills **
<input type="checkbox"/> Cooperative Challenges	<input type="checkbox"/> Orienteering Adventure	<input type="checkbox"/> Wilderness Trek
<input type="checkbox"/> Geo Dome	<input type="checkbox"/> Rainbow Falls **	<input type="checkbox"/> Zip Line \$\$
<input type="checkbox"/> Group Dynamics I **	<input type="checkbox"/> Rock Climbing \$\$, (2)	

Evening Activities

Please choose 3 (three) of the following evening activities and number them in order of preference.

<input type="checkbox"/> Campfire	<input type="checkbox"/> Game Night	<input type="checkbox"/> Sights and Sounds
<input type="checkbox"/> Dutch Auction	<input type="checkbox"/> Night Hike	<input type="checkbox"/> Square Dance
<input type="checkbox"/> Family Night	<input type="checkbox"/> Open Night	<input type="checkbox"/> Twister

OVER

We want to make this your best trip ever! To help make this possible, please use this section to *identify the crucial goals for your trip*. Please number in order of priority, those that apply. (1 = most important, 6 = least important)

- _____ We want participants to learn to work together.
- _____ We want a sense of community to be formed.
- _____ We want participants to increase their self-esteem.
- _____ We want participants to gain new experiences in the outdoors.
- _____ We want a recreational program, for students to "get away from school".
- _____ Other: _____

What would you like your participants to take away from their Camp Greenville experience?

Next, so that our instructors can create the experience *you want* for your participants, please list the core activities you have selected and what you wish to gain from each.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Is there anything else you think may be of interest to us?

****Please be sure that all of your students and chaperones are aware of the goals for the trip!****