Camper (Stuffie) Information (stuffed animal)

Name _____

Age _____

Type of Stuffed Animal _____

Description (color, distinguishing characteristics)

_____

_____

Likes/Dislikes _____

_____

Favorite things to do _____

_____

_____

_____

Child Information (stuffed animal's parent/guardian)

Name _____

Age _____

My stuffed animal is the best because _____

_____

_____

_____

Parent/Guardian Information (child's parent/guardian)

Name _____

Address _____

_____

Phone_____

Email _____

RETURN THIS FORM VIA EMAIL - schistorycenter@gmail.com