



Camp Arrowhead

FOR BOYS

Off Season Interest Form

Name of Group: _____

Size of Group: _____ Adults: _____ Youth: _____

Contact Person: _____ Phone: _____

Email: _____

Dates of Interest: 1st Choice _____ 2nd Choice _____

Amenities Desired:

Cabins _____

Lodges _____

Kitchen _____

Activities Desired:

Low Ropes _____

High Ropes _____

Archery _____

Riflery _____

Climbing _____

Mountain Biking _____

Waterfront use? _____ (yes/no)

Meals Needed? _____ (yes/no)

Communication:

1st Phone Call _____

1st Email _____

2nd Phone Call _____

2nd Email _____

Notes:

Please send your completed form back to us at office@camparrowhead.org or by fax at 828-692-3789.