

## 2010 Camp Director Report



Name of Camping Program:

Camp Director:

Date(s) of Camping Program:

Camp theme if applicable:

Number of campers participating in program:  
Of those, how many are traditional 4-H club members:

Number of youth staff members participating in program:  
Average number of training hours received per staff member:

Number of adult staff members participating in program:  
Average number of training hours received per staff member:

Educational Programs offered (feel free to attach camp schedule):

What's the most unique item about your camping program this year?

Please list your total income and expenses from this camping season. These items are used to calculate your ACA accreditation dues. Please attach your completed budget for your camping season.

Please list any donors or sponsors of your camping program last year, please include other Extension faculty and/or staff.

What's the biggest challenge your camping program faces in the next year?

Please list what you feel should be the Maryland 4-H Camping Programs goals for the next year? The next five years?

What's the one item/resource that would make your job as the camping director easier?



Please complete and return to the State 4-H Office by October 15, 2010.  
THANK YOU!!!

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