



ST. PETER'S SCHOOL
CAMPFEST AND TEEN EXPO 2010

Co-sponsored by the American Camp Association Keystone Regional Section

EXHIBITOR DIRECTORY FORM

CAMP NAME (exactly as you'd like to be listed in the CampFest program booklet):

KIND OF CAMP (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Day camp | <input type="checkbox"/> Sports Specialty |
| <input type="checkbox"/> Residential camp | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Teen Travel or Service |

AGE RANGE OF CAMPERS: _____

CAMP CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

ALTERNATE WINTER ADDRESS IF APPLICABLE: _____

Please provide a BRIEF SUMMARY OF YOUR CAMP AND PROGRAMS (1-2 paragraphs, to be included in the CampFest program booklet). You may email the camp description before January 12, 2010 to Marcy Leader, Director of Development at St. Peter's School at MLeader@st-peters-school.org