



# CABIN PARTNERS LIST

SCHOOL NAME _____	(check one) <b>GIRLS</b> <input type="checkbox"/> <b>BOYS</b> <input type="checkbox"/>
DATES ATTENDING _____	

**COMMENTS ARE IMPORTANT!**  
Note information that will help us make the most harmonious cabin groups possible (e.g., positive leader, English learner, separate from another student, specific special needs, challenging behavior, etc.)

STUDENT NAME (First and Last)	COMMENTS

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**\*\*\*Please make a note in the comments section if students should be separated in cabins AND/OR in trail groups\*\*\***