



for children with heart disease

Dear Campers and Parents:

Camp Odayin is just around the corner, and we are excited to have your camper a part of the big fun in the north woods of Minnesota! We have a record number of campers enrolled this summer and we're excited to meet new friends and connect with old friends.

This packet provides you with valuable information about camp. As we mentioned in the camper application letter, all campers must receive a physical exam prior to camp, completed by the camper's primary care physician.

**All forms in this packet must be completed and returned to the Camp Odayin office by June 25!
Camp Odayin, P.O. Box 2068, Stillwater, MN 55082**

In addition, please bring the Current Medication form to camper registration on Monday morning to turn in with your child's medications. ***Do not mail this to the Odayin office in advance.***

We have a **NEW hotel for camper registration** this year - the Hilton Bloomington at the intersection of Hwy 494 and France Ave (on the south west corner). The address is 3900 American Blvd W. in Minneapolis. Their phone # is 952.893.9500. You'll find more information enclosed in this packet if you need to make room reservations. **NOTE - there are 2 Hilton Hotels in Bloomington - we are NOT at the one by the Mall of America!**

If you have questions prior to camp, please contact us at 651.351.9185.
We are looking forward to another fabulous camping season. See you soon!

| | | | | |
|-------------|--------------|----------------|----------------|--------------------|
| Sara Meslow | Laura Miller | Kindra Molin | Alison Boerner | Matt Olson |
| Executive | Summer Camp | Summer Program | Assistant | Office and Finance |
| Director | Coordinator | Director | Director | Manager |

Check list before forms are sent:

- photo of your camper
- copy of insurance card
- send ALL forms together in one envelope (except current medication form)
- if you are going to fax these to us (fax #651.351.9187), please mail the original forms as well...
- this year you need to book your hotel rooms sooner than later - see info
- this year if you are planning on using Angel Flight for transportation - **you must contact them by June 1st to let them know.**
- Anything NEW in this packet is highlighted in PINK**



GETTING TO AND FROM CAMP

Campers may either ride the camp bus from the Minneapolis / St. Paul area or get dropped off directly at camp. Please let us know your choice on the enclosed General Release Form.

Riding the Bus

The Camp Odayin bus will be departing from the Hilton Bloomington hotel parking lot **PROMPTLY at 10:45 a.m.** on Monday morning. Camper check-in will take place prior to boarding the bus in the hallway out side of the ballroom. All campers should plan to arrive **between 10:00 and 10:30 a.m.** to be checked in. Please put your luggage directly on the bus before coming into registration, but bring your "carry on" items (if any) with you into the building. **Be sure to bring a bag lunch for the bus!** Water bottles (and water) will be provided.

Getting Dropped Off (All campers must arrive at camp by 1:45 on Monday)

Campers may be dropped off at camp **between 1:15 and 1:45 p.m.** (please no earlier) on Monday afternoon (map enclosed). Check-in will take place on-site during that time and we request that you please stay with your camper until the bus arrives. **The nurse assigned to your child's cabin will check in your child's medications when the bus arrives.** We kindly request that parents dropping off their camper depart after meeting with the nurse.

Camper Pick up

If you are picking up your camper at camp, please arrive **between 2:30 and 3:00 p.m.** on Friday afternoon. If taking the bus, we will arrive back at the Hilton Bloomington Hotel parking lot between 6:00 and 6:30 p.m. Your child needs to check out with their counselor before leaving.



ANGEL FLIGHT

Angel Flight is a wonderful service that can provide transportation for our campers that need assistance. Campers flying with Angel Flight will not ride the bus to camp. Rather, they fly directly into the Brainerd airport. We will provide transportation from the Brainerd airport to camp for campers traveling on Angel Flight. You work with Angel Flight directly to fill out paperwork and coordinate times. Please contact Angel Flight Central directly **BY JUNE 1ST** to coordinate: 1.816.421.2300.



MEDICAL ATTENTION

If your child should need medical attention while at camp, he/she will be evaluated by the Lead Nurse and Cardiologist on site. Depending on the nature of the event, one of three options will occur.

MINOR - A camp nurse will assess, treat and monitor until no further attention is needed. You will not be called. (this may include bug bites, cuts, scrapes, headaches, etc.)

NON - URGENT - The camp Cardiologist will assess and treat and a nurse will monitor any treatment effects. You will be contacted and your child may be transported off site. (this may include injury related to falls, shortness of breath, excessive fatigue, etc.)

URGENT - If your child should need advanced medical care, paramedics will take your child to Brainerd Medical Center (via ambulance or helicopter) or Children's Hospital in Minneapolis (via helicopter). One of the camp Cardiologists will accompany your child. You will be called immediately.



IMPORTANT MEDICATION INFO

- Please place **ALL** medication in a large zip lock bag with your child's name on the outside of the bag
- Each medication needs to come to us in its **ORIGINAL** prescription bottle, clearly labeled with the camper name, medication name, and dosage. **NO**

PILL BOXES WILL BE ALLOWED

- If your camper needs to take medication while on the bus - please give this medication to your child before they get on the bus
- Please put medications requiring refrigeration in a separate bag with "needs refrigeration" and the camper's name written on the bag
- All medications must be turned in to your child's nurse. At no time during camp are campers allowed to carry or be responsible for their own medication
- Please send enough medicine for 5 full days, plus one extra day
- If your child has a pacemaker or defibrillator and they use a remote transmission unit (i.e. *Carelink* from MDT, *Latitude* from BSC or *Merlin* from SJM) - please bring this to camp

Fill out the enclosed **Current Medication Sheet** and bring to registration
(do not mail to the Odayin office in advance).



HAPPY CAMPERS

It is our hope that your children come home from camp happy and confident, with memories and friendships that will last a lifetime. Whether your child is a first time camper or a veteran, there are some important things that you can do before you even begin to pack that will help your child have a successful camp experience. Take a look at some of our "tips" and thank you for sharing your child with us!

- ♥ Make sure your camper has everything on the packing list, knows where it is in their bag and why they might need it.
- ♥ Discuss what camp will be like before your child leaves. Watching the Odayin video on our website will give them a good "feel" for their time with us. Call the camp office if you have questions.
- ♥ Make sure your child knows that you will not talk by phone while they are at camp. Let them know they can go to their counselor or nurse with **ANYTHING** they might need, or with any issues they're having while at camp.
- ♥ If your child has not spent much time away from home, there is still time to practice! Arrange a sleepover at a friend's house or with some other family members.
- ♥ If your child is hesitant about going to camp, don't bribe. Linking a successful stay at camp to a material object can send the wrong message. The reward should be your child's new found confidence and independence!
- ♥ Let your child know that you'll be seeing all of the fun they have through the website photos! We will post these each day whenever we can, so check throughout the week for new pictures.
- ♥ Avoid "escape clauses." Telling your child that you can pick them up early if they aren't happy sets them up for failure. If they are feeling nervous, emphasize all of the fun times, new activities and nice people at camp.



SEE CAMP IN ACTION

We do our best to post daily pictures on the Camp Odayin website for friends and family to see all the **BIG** fun we have. Log on to www.campodayin.org each day to see what we're up to! (please note - we are not professional photographers nor do we have designated time each day to upload the photos - so please be patient!)

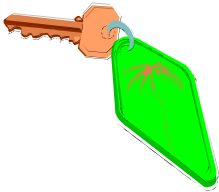


CORRESPONDENCE

If you'd like to send written mail (please no care packages) to your child while at camp, the address is: **Camper Name**

**Camp Odayin at Camp Knutson
11169 Whitefish Ave.
Crosslake, MN 56442**

Please try to have mail arrive Monday-Thursday. In addition, you can send an electronic message to your camper through our partnership with BUNK NOTES. Please see the information provided in this packet if you'd like to use this service. Campers are not allowed to make phone calls, and we strongly discourage you from calling to speak with your child. We hope you understand and respect this policy. In case of an emergency, you may contact the Camp Odayin cell phone at **651.491.3035**. This phone will be activated between July 17-August 20 only. You may call this phone the weekend before your child attends camp and the week during their time at camp in case of an emergency. Outside of those times, please call the Odayin office for any needs or questions.



ACCOMMODATION RESOURCES FOR OUT-OF-TOWN FAMILIES

In the Twin Cities: The **Hilton Hotel**, Bloomington, MN (where the bus drop off and pick up will be) is offering a discounted room rate for our group. Call 952.893.9500 and mention "Camp Odayin" when booking. Or click on these links to book on-line:

Chippewa: http://www.hilton.com/en/hi/groups/personalized/MSPBWHF-CAM-20100815/index.jhtml?WT.mc_id=POG
Ages 8-10 / August 16-20 / **Must book by JULY 16th**

Nokassippi: http://www.hilton.com/en/hi/groups/personalized/MSPBWHF-CON-20100808/index.jhtml?WT.mc_id=POG
Ages 11-13 / August 9-13 / **Must book by JULY 9th**

Flambeau: http://www.hilton.com/en/hi/groups/personalized/MSPBWHF-ODA-20100718/index.jhtml?WT.mc_id=POG
Ages 14-15 / July 19-23 / **Must book by JUNE 18th**

Namekagon: http://www.hilton.com/en/hi/groups/personalized/MSPBWHF-YIN-20100725/index.jhtml?WT.mc_id=POG
Ages 16-17 / July 26-30 / **Must book by June 25th**

If you're looking for a place to stay near camp - contact either the Brainerd Chamber of Commerce at 1.800.450.2838 or the Crosslake Chamber of Commerce at 218.692.4027.



HOST FAMILIES

With campers coming from all over the United States (and a few from Germany and Canada), we need a few Twin Cities area families to volunteer as "host families". A

host family's duties may include picking a camper up from the airport, having them stay at your house the night before camp and bringing them to and from camper registration and drop off. Without host families, some children might not be able to attend camp this summer.

There is a space on the General Release Form to let us know if you would like to host a camper or if you need to be hosted...we'll do our best to meet your needs!



FORMS POSTED ON LINE

All of these forms are posted on our website at www.campodayin.org if you happen to misplace these.



GET YOUR ODAYIN GEAR

For those of you who would like to support Camp Odayin further, we are offering awesome hats, sweatshirts, sweatpants, track jackets, bags and much more for sale during camper registration in the Twin Cities. We have items in adult and child sizes, and all proceeds benefit Camp Odayin. For our out-of-town families, you may now purchase all of our gear through our website! New inventory will be posted on line by Monday, June 28th. **If you order by July 9th, we'll package it up and bring it to camp with us!** Enter the word "odayin" for your discount code to waive the shipping and handling fee.



AMERICAN CAMP ASSOCIATION

Did you know that Camp Odayin is accredited by the American Camp Association (ACA). What does that mean? ACA Accreditation means that Camp Odayin submitted to a thorough review (over 300 standards) of its operation by the ACA — from staff qualifications and training to emergency management. The ACA collaborates with experts from The American Academy of Pediatrics, the American Red Cross, and other youth service agencies to assure that current practices at the camp reflect the most up-to-date, research-based standards in camp operation. Camp Odayin and the ACA form a partnership that promotes summers of growth and fun in an environment committed to safety.



GREAT NON-PROFITS!

We are so proud of the fantastic things folks have to say about their experiences at Camp Odayin. Click on this link to read more.... <http://www.greatnonprofits.org/reviews/camp-odayin>



FAMILY CAMP

Join the Odayin family for an awesome weekend at Family Camp in Hudson, WI October 22-24. Registration information will be mailed to all campers in August.



HEART & SOLE

Save the date - September 11th, 2010 for our annual 5k run and 2.5k walk to support Camp Odayin!



WHAT TO BRING TO CAMP

Please clearly label all items -including luggage, bedding and clothing, as Camp Odayin is not responsible for lost items. Thank you!

- All medicine in large zip lock bag with current med sheet (in this document)
- Tennis shoes (closed toe - required for horseback riding)
- One hat (crazy or practical)
- Water shoes or beach sandals
- Bug spray and sunscreen
- Chap stick or lip sunscreen
- Plastic bag for dirty / wet clothes
- 3-4 pairs of shorts
- 4-5 T-shirts - 1 long sleeved
- 2 pair of jeans or long pants (required for horseback riding)
- Sweatshirt or warm sweater (1-2)
- PJ's
- Rain jacket or windbreaker
- Toothbrush and toothpaste
- Shampoo and soap
- Hairbrush or comb
- Plenty of socks and underwear - 6-7 pair each
- Sleeping bag and pillow - or sheet and blanket
- A swimsuit and beach towel
- Bath towel and washcloth
- Outfit/costumes for special events - **list will be e-mailed in June**
- Self addressed stamped envelope to send mail home (if the camper wants to!)

Optional items: Camera, flashlight, sunglasses, stationary, book, journal

Please do not send food, candy, gum, money, video games, ipods, mp3 players, valuables, water guns, cellular phones, pagers, skateboards, scooters, or sharp items with your child.



Camp Odayin maintains a strict cell phone policy for our campers and staff. **Campers may not bring cell phones to camp.** At check in, campers and parents will be asked if they have a cell phone packed. If so, we will ask the parents to take the phone home with them, or we'll take care of it for the week. Any cell phone at camp will be confiscated.



CRAZY STUFF TO PACK

NEW THIS YEAR - an e-mail will be sent to all families in June with your "fun" packing list. Please try to bring some special clothes for these events. Check the closet, visit your local thrift store, and hit the garage sales (don't spend \$\$\$\$ - this is camp and things can get dirty...).

CAMP ODAYIN GENERAL INFORMATION

Please complete this form entirely so we can contact you in case of an emergency.

Please return this packet by June 25, 2010 and please include a **RECENT PHOTO** of your child!

Camper's Name: _____

Camper's Parent / Guardian: _____

Guardian daytime phone: _____

Guardian evening phone: _____

Guardian mobile phone / pager: _____

Occupation / place of work: _____

Camper's Parent / Guardian: _____

Guardian daytime phone: _____

Guardian evening phone: _____

Guardian mobile phone / pager: _____

Occupation / place of work: _____

Other Emergency Contact Name: _____

Relationship to camper: _____

Contact phone #s: _____

Insurance information: PLEASE SEND A COPY OF YOUR INSURANCE CARD.

Carrier: _____ Policy # _____

Group # _____ Certificate # _____

Phone: _____ Address _____

Medicare or Medicaid # _____

Name of person on insurance card: _____

NON-PRESCRIPTION MEDICATION

The following medications are available at the health center to be given out by our medical staff if needed. Please let us know if your child **CANNOT** take any of these meds. **If there are any other over the counter medications your child takes, please bring them to camp (i.e. Zantac, Claritin, albuteral inhalers, etc).**

| | | |
|----------------|----------------------|-------------------|
| ___ Ibuprofen | ___ Bacitracin | ___ Cough drops |
| ___ Tylenol | ___ Milk of Magnesia | ___ Benadryl |
| ___ Robitussin | ___ TUMS | ___ Cortaid cream |

Reason for inability to take checked med: _____

CAMPER T-SHIRT SIZE

Youth size: ___ small (6-8)
 ___ medium (10-12)
 ___ large (14-16)

OR

Adult size: ___ small
 ___ medium
 ___ large
 ___ x-large

CAMP ODAYIN GENERAL RELEASE FORM

I give permission for my child to attend Camp Odayin at Camp Knutson and participate in the scheduled program. I give permission for my child to participate in camp activities including horseback riding (off site), boating, tubing, climbing, and waterskiing if they choose. I acknowledge my child may be exposed to weather/environment hazards over which Camp Odayin has no control.

In the event of an emergency where my child should need medical attention, permission is granted to the medical staff of Camp Odayin to authorize necessary care. I give permission for the camp staff to provide necessary first aid to my child in the event of injury or illness, and/or transport my child to a medical facility (hospital or clinic) for care. I also agree to the release of any records necessary for treatment. In the event I cannot be reached from the hospital, I give permission for the medical staff to provide the care deemed necessary for my child's benefit. I agree that I am financially responsible for all healthcare costs given by an out-of-camp provider. In the event my child becomes ill and cannot continue at camp, I as parent / guardian assume responsibility for all cost involved in returning my camper home. I also agree to hold harmless Camp Odayin, Camp Knutson and its representatives from any and all injuries that may occur to my child while at camp, being transported to and from camp and while my child is at camp, and all claims or actions arising out of my child's participation at Camp Odayin.

I give permission for photographs / video to be taken of my child to be used for publicity purposes by Camp Odayin and Camp Knutson. I consent that the photographs are the property of Camp Odayin and Camp Odayin shall have the right to duplicate and reproduce these photos as they desire free and clear of any claims on my part.

Camper Directory

- I give permission for my child's name and our e-mail address to be shared in a camper directory with other Camp Odayin families.
- I DO NOT want my child's name and contact information to be shared.

Host Families

- We live in the Twin Cities and would be willing to act as a "host family" for an out-of-town camper. (see section in this document for information on what this entails).
- We live outside the Twin Cities and need a "host family" to help facilitate an overnight stay and/or travel to/from registration.

- I would like to **OPT OUT** of e-mails sent from Camp Odayin throughout the year regarding events and gatherings in the Twin Cities

HOW WILL YOU JOIN US?

- I will be taking the bus from the Twin Cities to Camp Odayin
- I will be dropped off at Camp Odayin between 1:15-1:45 pm on Monday
- Angel Flight

HOW WILL YOU GET HOME?

- I will be taking the bus from Camp Odayin to the Twin Cities
- I will be picked up at Camp Odayin between 2:30-3:00 pm on Friday
- Angel Flight

We will only release your child to the adults listed on the General Information form. If any of these people are unable to pick up your child, please contact the Camp Odayin office.

Camper Name: _____

Parent/ Guardian Signature: _____ Date: _____

CAMP ODAYIN CAMPER PHYSICAL EXAM FORM

(To be filled out by your primary care physician, not a cardiologist)

Dear Doctor: This child has already been recommended to Camp Odayin by their cardiologist and approved by our Medical Director. Please provide us additional health information after performing a physical examination.

Camper Name: _____ Birth date: _____

Home Address: _____

Home Phone: _____ Gender: ___ Male ___ Female

Parent / Guardian Name: _____

Height _____ Weight _____ Blood Pressure _____ Heart rate _____

Special Health Conditions (check all that apply and explain below)

- | | |
|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Attention Deficit / Hyperactivity Disorder | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Behavioral or Developmental Problems | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Encopresis | <input type="checkbox"/> Enuresis |
| <input type="checkbox"/> Head or Spinal Injury | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other: | |

Immunization history: Tetanus Booster ___/___/___ Polio Series ___/___/___
(please provide dates) Measles ___/___/___ Mumps ___/___/___
DPT series ___/___/___ Chicken Pox ___/___/___

Please list non-cardiac surgeries / medical procedures and dates performed:

Treatments to be continued at camp:

Description of any limitations or restrictions while at camp:

Additional information for medical staff at camp:

Physician Signature

(print name)

Phone

Date

This form must be completed and signed by a physician, physician's assistant, or nurse practitioner, and returned to the camp office by June 25th, 2010. Thank you.

Camp Odayin, P.O. Box 2068, Stillwater, MN 55082
Fax # - 651.351.9187

CAMP ODAYIN CAMPER EXPECTATIONS

Our hope is that Camp Odayin will be a place for campers to make friends and find support. In order for Camp Odayin to be safe, fun and enjoyable for everyone, there are some expectations we'd like you to share with your child before coming to camp. Please read and discuss the following expectations with your child.

1. Campers must treat every person (campers and staff) at camp with respect and consideration. We will not tolerate intimidation, verbal or physical abuse, or destruction of property.
2. Camp is an experience in group living. For camp to run successfully, everyone must cooperate and help with cabin chores and comply with the cabin code of conduct (established by cabin mates).
3. Alcoholic beverages, illegal drugs, smoking or tobacco products are not allowed at Camp Odayin.
4. Guns, knives, slingshots, fireworks or any other kinds of weapons are not allowed at Camp Odayin.
5. Physical, sexual or suggestive behavior is not appropriate or acceptable at Camp Odayin.
6. Cussing, swearing and foul language is not acceptable at Camp Odayin.
7. Campers will not bring cell phones to Camp Odayin.

If at any time during camp, these expectations are broken or we feel a camper's behavior takes away from a positive camping experience, the parents/guardian will be notified. We consider this document to be a contract and in the event that a camper breaks this contract, Odayin reserves the right to ask a camper to leave camp. Transportation will become the parent/guardian responsibility.

We have read, discussed and understand the above camper expectations:

Print Camper Name: _____

Camper Signature: _____

Parent / Guardian Signature: _____

Date: _____

This form must be signed and returned to the Camp Office by June 25th, 2010 in order for your child to attend Camp Odayin.

ABOUT YOU...

(Please have the camper fill out and **don't forget a recent picture**)

Name: _____

Birthday: _____ Nickname: _____

This will be my _____ year at Camp Odayin!

What school do you attend? _____

Favorite subject in school: _____

Favorite Band/Musical group: _____

Favorite TV Show or Movie: _____

Favorite Song: _____

How will you be spending the summer?

What are you best at doing?

How do you feel about coming to Camp Odayin?

Do you play a musical instrument? _____ If so, which one? _____

Do you play any sports? _____ If so, what? _____

We try our best to place you in a cabin with some new friends as well as some familiar faces. Please share with us the names (first and last) of two campers with whom you'd like to be in the same cabin. We will do our best to fill your request for one of the two listed, although cabin placement priority is still determined according to age, medical needs, medication distribution, etc.

1. _____

2. _____

DO NOT MAIL THIS FORM TO THE ODAYIN OFFICE IN ADVANCE.

CAMP ODAYIN CURRENT MEDICATION

Please fill out this form listing the medications your child is currently taking (or will be taking during camp) and **bring it to camper registration on Monday morning** with meds in **original prescription bottle** (no pill containers will be accepted) together in a large zip lock bag. This form should be given to your child's nurse when medications are turned in at registration.

Camper Full Name: _____

Cardiac Diagnosis: _____

| Medication | Dosage | Frequency |
|------------|--------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |

Specific instructions for the medications listed above:

Special dietary needs / restrictions:

Allergies (Medication, food or environmental):

Allergy _____ Reaction _____

Allergy _____ Reaction _____

Allergy _____ Reaction _____

Allergy _____ Reaction _____

For internal nursing use only:

Has this camper been recently exposed to mumps? yes no

Has this camper been recently exposed to chicken pox? yes no

Has this camper been recently exposed to head lice? yes no

Has this camper had flu like symptoms recently? yes no

Directions to Camp Odayin at Camp Knutson

From the Twin Cities on Highway 169

Take *US Highway 169* north to Garrison. After you pass the McDonalds in Garrison, get in the left lane and make a left onto *MN Highway 18*.

Follow *MN Highway 18* about 4.5 miles to the junction of *MN Highway 6*. Take a right on *MN Highway 6* and continue on through Deerwood and Crosby. (Watch the road signs for turns so you stay on *MN Highway 6*.)

About 5 miles outside of Crosby, you will come to *County Road 11*. Make a left on *County Road 11* and follow about 10 miles to *County Road 3*.

Take a right on *County Road 3* and continue on to the town of Crosslake. (*County Road 3* turns into *County Road 66* at Crosslake.) Continue on *County Road 66* through Crosslake for about 6 miles to the town of Manhattan Beach.

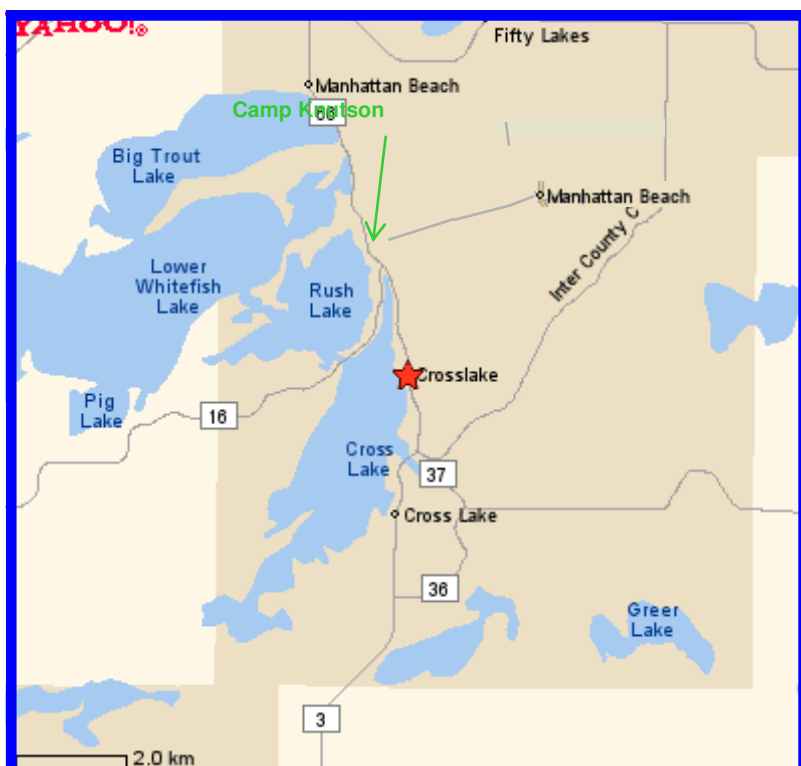
At Manhattan Beach, turn left on *Manhattan Point Blvd* and go approximately 2.5 miles. You'll see the sign for Camp Knutson on your right at the camp entrance.

From the Twin Cities through Brainerd

Take *US Highway 371* north out of Brainerd through Nisswa and Pequot Lakes. Just north of Pequot Lakes you will come to *County Road 16*. Take *County Road 16* to the right about 12 miles to the town of Crosslake.

In Crosslake, at the end of *County Road 16*, take a left on *County Road 66* and go about 2.5 miles to the town of Manhattan Beach.

At Manhattan Beach, turn left on *Manhattan Point Blvd* and go approximately 2½ miles. You'll see the sign for Camp Knutson on your right at the camp entrance.



**11169 Whitefish Av
Crosslake, MN 56442
218-543-4232**

IF YOU GET LOST:

**Rob Larson's
Cell Phone Number:
218-831-2300**

Stay in touch this summer with One-Way Camper Email!



We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper at camp!

RETURNING PARENTS: If you had an account at this camp last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site you will be prompted to update your contact information and re-activate your account.

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our Bunk1 website at www.campodayin.bunk1.com
2. Click the "Register Now" link
3. Enter your Pre-Approved Registration Code: **965DAY1**
4. Fill out all the required information
5. Purchase Bunk Note credits (you will need a credit card)
6. Send an email to your camper (your camper's cabin name will be given to them at registration)!

Note: please only send Bunk Notes during the week your camper is at camp. If you send a Bunk Note on Friday, we do not receive that until after camp is over.

** For your camper's safety, please do not share the Pre-Approved Registration code above.

FREQUENTLY ASKED QUESTIONS

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, type your message, and hit the "Send" button.

Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note

credits cost \$1 each and are purchased in packs of various sizes.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp

