



Dear Campers and Parents,

Thank you for choosing Camp Tannadoonah for your child's camping experience this summer! The necessary forms to complete your camper's registration are attached with this letter. Please read all of this information carefully! If you have any questions, please contact the Camp Fire USA office at 574-234-4145 or email me at Amber@tannadoonah.org.

Your child will be a part of Camp Tannadoonah's 90<sup>th</sup> year of summer camping, and 81<sup>st</sup> on beautiful Birch Lake! Our mission as a Camp Fire USA organization is to build caring, confident youth, and future leaders. Your child will take part in many rich traditions at camp, and will learn outdoor and independent living skills throughout the week. Our qualified staff of counselors will guide your child through a variety of programs and activities. Most importantly, your child will form friendships and memories that will last a lifetime!

**Arrival Time:** Check-in time for full-week sessions is on Sunday from 2:00pm to 4:00pm (EDT). You and your camper will check in at the registration table, where you will receive a cabin assignment and verify registration of any special activities. You and your child can then go to his/her assigned cabin, see the facilities, go to the Camp Store to pick up your child's camp t-shirt, make a store deposit, and meet the camp staff. During this check-in time, you are welcome to view the lake, but no lifeguards will be on duty and therefore no one is allowed on the pier or in the water. If a camper must check in late, please contact me in advance to make arrangements. We cannot accommodate early check ins.

**Departure Time:** Check-out time for full-week sessions is on Saturday from 10:00am to 11:00am (EDT). These times are strictly observed. Campers not checked out by 11:00am will be charged \$10 per hour to pay camp staff to remain at camp with the camper. If a camper needs to be picked up early, please contact us in advance to make arrangements. All parents must come to the check out desk before leaving camp with their child. Campers will only be released to people who are listed on the release form.

**Mini Week:** Check-in is Wednesday, July 7<sup>th</sup> from 2:00pm to 4:00pm (EDT).  
Check-out is Saturday, July 10<sup>th</sup> from 10:00am to 11:00am (EDT)

**Super Week:** Check-in is Wednesday, July 7<sup>th</sup> from 2:00pm to 4:00pm (EDT).  
Check-out is Saturday, July 17<sup>th</sup> from 10:00am to 11:00am (EDT)

**Activity Registration (please note new policy):** Campers may pre-register for the following activities at camp: swimming lessons, boating (canoeing, kayaking, sailing), dance, digital photography, low ropes challenge, iron chefs, fishing, bejeweled, and advanced nature. If your

child wishes to participate in any of these activities, we need to have those registrations at least one week in advance. **We will be unable to add activities at the check-in desk.** If you wish to add or change your child's activities, please email me to make those changes at least one week before they are to arrive at camp.

The following activities do not require pre-registration: archery, sports & games, nature, drama, crafts.

**Special Added Activities (new in 2010!):** We will be offering special activities each week, such as sports or nature programs. These activities have an additional fee and have limited space. More information on these specialty activities will be available soon.

**Counselor in Training (CIT):** The CIT session is two weeks long; however, the CIT campers are required to go home over the weekend between the two sessions. Weekend stays are not permitted.

**Forms Packet:** All forms (health form and permission slips) are to be turned in during check-in. Please do not send forms to the Camp Fire office; bring them with you when you arrive at camp. If your child has special needs (including diet), please contact me in advance.

**Balance of Camp Fees:** The balance of camp fees is due at least 2 weeks before your camper is to arrive at camp. No checks will be accepted at camp, and reserved spots may be forfeited to campers on the waiting list if payment is not received at least two weeks in advance.

**Medical Records and Medications:** The American Camping Association (ACA) requires a Health Information form to be completed and signed by a parent or guardian. This form must also show evidence of a health examination by a licensed physician has been completed no more than 24 months prior to camp attendance. This form is crucial and must be filled out completely. **A new health form must be completed every year.** Your camper will not be permitted to attend camp if you do not provide this health form. The health form is kept on file in accordance with regulations of the State of Michigan. All immunizations must be up-to-date, especially tetanus. All forms must be printed out and signed.

Upon arrival at camp, all campers must visit the camp health officer. All campers who need to take medications (over the counter or prescription) must give all medications to the camp health officer in the Infirmary. We are also required by the ACA to do a lice-check for all campers upon arrival at camp.

**Camp Store Deposit:** Campers may make a deposit at the camp store upon arrival to camp. Campers are never allowed to carry cash at camp, so this store deposit is the only spending money they will have during the week. We recommend a store deposit of \$25. Campers may purchase batteries, bug spray, flashlights, bottled water, laundry bags, disposable cameras, pencils, pens, stationary, post cards, envelopes, stamps, camp journals, t-shirts, and many other camp items at the store. The store deposit is not mandatory; *all campers will still receive two*

*snack items at the afternoon store time*, which are not charged to the store account. Store deposits may be created using cash or credit (no checks are accepted at the camp store).

**Contacting Parents:** In case of emergency or illness, the camp office must know where to contact you or an alternate person who will be responsible for your child. If you are planning on someone other than yourself to pick up your child from camp, the attached permission slip must be signed. Your child will not be released to anyone other than a parent or guardian if this permission form is not signed.

Any time a camper is referred to medical attention outside of Camp, or is restricted from normal program participation for more than 24-hours, parents will be contacted. Your family accident/health medical insurance will be billed, and you will be advised of and billed for any other medical expenses such as special medication and/or supplies advised by the physician.

**Email to Campers:** You can also send email to your campers! Please put your child's name in the subject line, and send to [Campers@tannadoonah.org](mailto:Campers@tannadoonah.org). Emails will be printed and distributed once per day, Monday – Friday. Emails received after noon will not be delivered until the following day. Campers do not have access to computers and will not be able to send email back.

**Mail:** All campers love to receive “snail” mail, and we have daily local delivery. You may consider writing a letter before your child arrives at camp, since mail delivery tends to be slow. Write often! All mail should be addressed as follows:

Name of Camper  
Camp Tannadoonah  
14751 Harvey St.  
Vandalia, MI 49095

**Cabin Pictures:** Each cabin will have a group picture taken at the beginning of each section. Each camper will receive a photograph of their cabin at the check-out table on Saturday. Pictures for mini-week campers will be mailed after camp.

**Suggested Equipment:** A list of suggested camp equipment is enclosed. Please leave all valuable items at home. **Absolutely NO** radios, cell phones, iPods (or other MP3 players), video games, televisions, any other electronics, food, or gum will be allowed in camp. Cameras are acceptable. Any electronics or food brought to camp will be immediately confiscated and returned to parents at check out. Please mark all clothing items with your camper's name. All lost and found items are taken in to the South Bend Camp Fire office. After September 1<sup>st</sup> these items are donated to charity. Camp Fire USA River Bend Council / Camp Tannadoonah are not responsible for any lost or stolen items.

**Tennis Lessons:** We have some racquets available at camp, but we recommend that you send your child's own racquet for tennis lessons.

**Digital Photography:** If your child is registered for Digital Photography, they will benefit most from the experience if they are able to bring along their own camera (or the family camera). This way the skills they learn will be applicable to the camera they would be using at home. However, if you do not own a camera, we will provide one for your camper to use for a \$5 fee.

**Homesickness:** The staff has been training on how to handle this expected hurdle. It is usually a temporary period, and the staff helps to overcome this feeling by channeling your child's energies towards other activities. By the time you receive a "low" letter, your child is probably feeling much better! We do not allow campers to call home during the week, as this generally only makes homesickness worse. If we have concerns about your child, we will have a staff member contact you. You are also free to contact us if you have any questions or concerns during the week. The phone number at camp is 269-476-2177. You can also reach me by email at Amber@tannadoonah.org.

**Cancellations:** If your child is unable to attend camp for the week registered, please notify the Camp Fire office at 574-234-4145 or email me **AT LEAST ONE WEEK IN ADVANCE** so that we may give another child on the waiting list a chance to attend camp. No refunds will be given if the cancellation is made less than one week in advance. The deposit is nonrefundable.

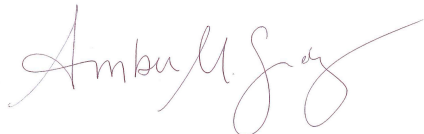
**Refund Policy:** The deposit is nonrefundable. Additionally, no refunds will be made once a child reaches camp except when he/she is sent home at the request of a physician or the camp health officer for medical reasons. Refunds will be processed after the completion of our summer session and will be mailed no earlier than September 1<sup>st</sup>.

**Directions and maps:** Directions to Camp Tannadoonah are included in this packet of forms. You can also find detailed maps and directions on our website at [www.tannadoonah.org/directions](http://www.tannadoonah.org/directions).

Remember, the balance of all fees is due **two weeks before** your camper is to arrive at camp. The Camp Fire Office hours are 9:00am to 12:00 noon, Monday through Friday. Our office is located at 905 E. Jefferson Blvd., Suite D., Mishawaka, IN 46545. We can process credit card payments via telephone at 574-234-4145. Payments may be mailed to Camp Fire at P.O. Box 592, Mishawaka, IN 46546.

See you this summer!

Sincerely,



Amber M. Grundy, Ph. D.  
Director, Camp Tannadoonah  
Amber@tannadoonah.org  
574-234-4145 (Mishawaka Office)  
269-476-2177 (Camp Phone)

# Camp Tannadoonah Camper Health History Form

Camper Name \_\_\_\_\_  
LastFirstMI

Male  Female

Birth Date \_\_\_\_\_ Grade in School \_\_\_\_\_ Dates of Camp Attendance \_\_\_\_\_

Home Address \_\_\_\_\_  
Street AddressCityStateZip

**Custodial Parent(s) or Guardian(s):** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

**Non-Custodial Parent or Emergency Contact:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

## Medical Insurance Information

Is the participant covered by family medical / hospital insurance?  Yes  No

If yes, please indicate carrier / plan name \_\_\_\_\_

Group /Policy Number \_\_\_\_\_ Subscriber Name \_\_\_\_\_

**\*Photocopy of Insurance Card (front and back) must be attached to this form\***

## Parent / Guardian Authorization for Health Care

**\* this section MUST be signed before camper may attend any camp program \***

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

*\* If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*

## Health History

**Allergies**     Camper has no known allergies

Medication allergies (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction and Management

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food allergies (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction and Management

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other allergies (e.g. bee stings, hay fever, animals):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction and Management

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medications Being Taken

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medications must be in original pharmacy containers with original labels that show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Camper takes no daily medications

Camper should be given the following medications while at camp:

Name of Medication	Reason for Taking	Specific Times to be Given	Amount or Dose to be Given

The following non-prescription medications **may** be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury as recommended by the nurse or health care officer on site. Generic brands may be substituted. **Cross out those the camper should not be given.**

Acetaminophen (e.g., Tylenol) (tablets or liquid)  
 Ibuprofen (e.g., Motrin or Advil) (tablets or liquid)  
 Diphenhydramine (e.g., Benadryl) (tablets or liquid)  
 Phenylephrine (e.g., Sudafed PE)  
 Bismuth subsalicylate (e.g., Kaopectate)

Calamine Lotion  
 Antibiotic Ointment  
 Cough Drops  
 Guaiphenesin (e.g., Robitussin D)  
 Calcium carbonate (e.g., Tums)

### Dietary Restrictions

This camper eats a regular diet

This camper eats a vegetarian diet

This camper has special food needs (please describe): \_\_\_\_\_

### Activity Restrictions

I have reviewed the program and activities of camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of camp and feel the camper can participate with the following restrictions:

\_\_\_\_\_

### Health Care Providers

Name of camper’s primary doctor(s): \_\_\_\_\_ Phone \_\_\_\_\_

Name of camper’s dentist(s): \_\_\_\_\_ Phone \_\_\_\_\_

Name of camper’s orthodontist(s): \_\_\_\_\_ Phone \_\_\_\_\_

## Immunization History

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Month / Year	Month / Year	Month / Year	Month / Year	Month / Year	Most Recent Dose
Diphtheria, Tetanus, Pertussis (DTaP) or (TdaP) *						
Tetanus Booster (dT) or (TdaP) *						
Mumps, Measles, Rubella (MMR) *						
Polio (IPV) *						
Haemophilus influenzae Type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Meningococcal Meningitis (MCV4)						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox    Date: _____					

Tuberculosis (TB) Test:      Date: \_\_\_\_\_       Positive       Negative

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Parent or Guardian \_\_\_\_\_      Date \_\_\_\_\_

## General Health Information

Please check yes/no for each statement. Explain any "yes" responses below.

- |  |                          |     |                          |  |  |   |
|--|--------------------------|-----|--------------------------|--|--|---|
| Has/does the camper:                                     |                          | Yes | No                       |  | Yes  | No  |
| 1. Ever been hospitalized? _____                         | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 11. Had fainting or dizziness _____                          | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Ever had surgery? _____                               | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 12. Passed out/had chest pain during exercise? _____         | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Have a recent/chronic illness? _____                  | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 13. Had mono during the past 12 months? _____                | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Had a recent infectious illness? _____                | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 14. If female, have problems with menstruation? _____        | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Had a recent injury? _____                            | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 15. Sleepwalked? _____                                       | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Had asthma/wheezing/shortness of breath? _____        | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 16. Ever had back/joint problems? _____                      | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Have diabetes? _____                                  | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 17. Have a history of bedwetting? _____                      | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Had seizures? _____                                   | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 18. Have problems with diarrhea or constipation? _____       | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Had headaches? _____                                  | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 19. Have any skin problems? _____                            | <input type="checkbox"/> <input type="checkbox"/> |
| 10. Wear glasses, contacts, or protective eyewear? _____ | <input type="checkbox"/> |     | <input type="checkbox"/> |  | 20. Traveled outside the country in the past 9 months? _____ | <input type="checkbox"/> <input type="checkbox"/> |

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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**Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?     Yes     No
2. Ever been treated for emotional or behavior difficulties or an eating disorder?     Yes     No
3. During the past 12 months, seen a profession to address mental/emotional health concerns?     Yes     No
4. Had a significant life event that continues to affect the camper's life?     Yes     No  
 (e.g., history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, or other)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information as needed.

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**What have we forgotten to ask?** Please provide any additional information below about the camper's health or that may affect their ability to participate in the camp program. Attach additional information as needed.

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**Health Care Recommendations by Licensed Medical Personnel**  
(ACA accreditation requirements specify exams within 24 months of camp attendance.)

Camper Name: \_\_\_\_\_ Dates of Camp Attendance \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_ BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

The camper is under the care of a physician for the following conditions (please describe)  None  
\_\_\_\_\_  
\_\_\_\_\_

Treatment to be continued at camp (please describe)  None  
\_\_\_\_\_  
\_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency)  None  
\_\_\_\_\_  
\_\_\_\_\_

Known Allergies (please list, and describe reactions)  Camper has no known allergies  
\_\_\_\_\_  
\_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions  None  
\_\_\_\_\_  
\_\_\_\_\_

Description of any limitation or restriction on camp activities  None  
\_\_\_\_\_  
\_\_\_\_\_

Additional information for health care staff at the camp  
\_\_\_\_\_  
\_\_\_\_\_

In my opinion, the above camper  is  is not able to participate in an active camp program.

<b>I have reviewed the Camper Health History Form (completed by the camper's parents) and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).</b>	
Signature of Licensed Medical Personnel _____	
Printed Name _____	Title _____
Office Address _____	
Phone _____	Date _____

## CAMPER / PARTICIPANT CONSENT FORM

Participant's Name \_\_\_\_\_

I have read the information provided to me. My child has permission to participate in the camp programs as described in the camp brochure. I understand that reasonable measures will be taken to ensure the safety of my child, and that I will be notified as soon as possible in case of an emergency. In case of sickness or accident, I authorize the calling of a doctor and/or providing of other medical services deemed necessary by a supervising adult or camp nurse.

If my child has a special disability or need, I will contact the Camp Fire USA, River Bend Council office at least two weeks prior to the activity in which my child is participating. I understand that acceptance into, and continued participation in, all programs is conditional upon behavior according to the rules of the camp.

I give my permission for photographs of my child to be used in promotional materials for Camp Fire USA and Camp Tannadoonah. \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Note: if you check "no," your child's photos will not be posted to the Camp pages on Flickr

I give my permission for video of my child to be used in promotional materials for Camp Fire USA and Camp Tannadoonah. \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Note: if you check "no," your videos of your child will not be posted to the Camp pages on Flickr

The following individuals have permission to pick my child up from camp: (please list all people (including parents / guardians) to whom your child may be released)

Name	Relationship to Camper
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent / Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

## Directions to Camp Tannadoonah

### Coming from the South Bend / Mishawaka, IN area

- Take State Road 23 (in Indiana) / M-62 (in Michigan) heading North
- Go through Granger, IN and Edwardsburg, MI
- Turn right at the blinking light on to Brownsville Road.
- Go 7.5 miles on Brownsville Road
- Turn left onto Walnut Road – there is a yield sign as Brownsville curves to the right, you want to go left in the middle of the curve
- Go ½ mile on Walnut, and turn right onto Harvey Street
- Follow Harvey Street as it curves 90 degrees to the right, then take a right turn into Camp Tannadoonah in the middle of the next 90 degree turn to the left

### Coming from the Elkhart, IN area

- Take SR-19 North – also called Cassopolis Street
- When you cross into Michigan, SR-19 becomes MI-205
- MI-205 North curves to the right and becomes US-12 East
- Turn left on Calvin Center Rd (about 2 miles after the big curve to the right) – go approximately 8 miles on Calvin Center
- Turn right onto Brownsville Rd – go about 3.5 miles on Brownsville Rd.
- Turn left onto Walnut Road – there is a yield sign as Brownsville curves to the right, you want to go left in the middle of the curve
- Go ½ mile on Walnut, and turn right onto Harvey Street
- Follow Harvey Street as it curves 90 degrees to the right, then take a right turn into Camp Tannadoonah in the middle of the next 90 degree turn to the left

### Coming from the North (Grand Rapids, MI area)

- Drive South on US 131 (go through Kalamazoo area and continue to drive south on 131 – at some point 131 and Business Route 94 are the same road – just stay on 131 South!)
- In Three Rivers, Michigan, curve right onto M-60 West towards Niles / Cassopolis (approximately 8 miles on M-60)
- Turn left at the blinking light onto M-40 South (approximately 1.5 miles on M-40)
- Turn right onto Harvey Street (approximately 3 miles on Harvey Street)
- Camp Tannadoonah is located at 14751 Harvey Street. The Camp is directly in front of you as Harvey Street curves to the right, just after you pass Birch Road on your left

### Coming from the North-East (Detroit area)

- Take I-94 West towards Chicago
- Exit onto US 131 just past Kalamazoo
- Drive South on US 131
- In Three Rivers, Michigan, curve right onto M-60 West towards Niles / Cassopolis (approximately 8 miles on M-60)
- Turn left at the blinking light onto M-40 South (approximately 1.5 miles on M-40)
- Turn right onto Harvey Street (approximately 3 miles on Harvey Street)
- Camp Tannadoonah is located at 14751 Harvey Street. The Camp is directly in front of you as Harvey Street curves to the right, just after you pass Birch Road on your left

### Coming from the west (Chicago area):

- Drive East on the Indiana toll road (I-80/90)
- Take exit 92 (Elkhart, IN)
- Turn right (north) on SR-19 – also called Cassopolis Street
- When you cross into Michigan, SR-19 becomes MI-205
- MI-205 North curves to the right and becomes US-12 East
- Turn left on Calvin Center Rd (about 2 miles after the big curve to the right) – go approximately 8 miles on Calvin Center
- Turn right onto Brownsville Rd – go about 3.5 miles on Brownsville Rd.
- Turn left onto Walnut Road – there is a yield sign as Brownsville curves to the right, you want to go left in the middle of the curve
- Go ½ mile on Walnut, and turn right onto Harvey Street
- Follow Harvey Street as it curves 90 degrees to the right, then take a right turn into Camp Tannadoonah in the middle of the next 90 degree turn to the left

### Coming from the South (Indianapolis area)

- Take US 31 North
- After passing through Lakeville, IN you will come to the South edge of South Bend, IN
- Take the ramp on the right to get on US-31 / US-20 business route heading West (also called the Saint Joseph Valley Parkway)
- US 31/20 West becomes US 31 North when you cross into Michigan
- Take exit 3 for US-12 East
- US-12 East becomes M-60 East
- Take US-12 / M-60 for 14 miles to Hospital Road
- Turn right on Hospital Road
- At the blinking light, Hospital Road becomes Brownsville Rd
- Go 7.5 miles after it becomes Brownsville Road
- Turn left onto Walnut Road – there is a yield sign as Brownsville curves to the right, you want to go left in the middle of the curve
- Go ½ mile on Walnut, and turn right onto Harvey Street
- Follow Harvey Street as it curves 90 degrees to the right, then take a right turn into Camp Tannadoonah in the middle of the next 90 degree turn to the left

### Coming from the East (Toledo, OH area)

- Take 80/90 West towards Chicago
- Take exit 92 (Elkhart, IN)
- Turn right (north) on SR-19 – also called Cassopolis Street
- When you cross into Michigan, SR-19 becomes MI-205
- MI-205 North curves to the right and becomes US-12 East
- Turn left on Calvin Center Rd (about 2 miles after the big curve to the right) – go approximately 8 miles on Calvin Center
- Turn right onto Brownsville Rd – go about 3.5 miles on Brownsville Rd.
- Turn left onto Walnut Road – there is a yield sign as Brownsville curves to the right, you want to go left in the middle of the curve
- Go ½ mile on Walnut, and turn right onto Harvey Street
- Follow Harvey Street as it curves 90 degrees to the right, then take a right turn into Camp Tannadoonah in the middle of the next 90 degree turn to the left

## Suggested Packing List

\*\*All of the camper's belongings should be packed in a suitcase that will fit under their cot. We do not have storage space for trunks or very large suitcases.\*\* It is a very good idea to write your camper's name on all clothing and personal items that you send with them to camp!

### Clothing

- 2 pairs comfortable, closed-toed shoes.  
(please note: closed toed shoes are required in camp. Athletic shoes are recommended.  
Absolutely NO flip-flops or open-toed shoes are allowed anywhere except the waterfront)
- 7 t-shirts
- 4-6 pairs shorts
- 2 plain white t-shirts (note: Campers must wear either a plain white shirt or their 2010 camp shirt to dinner each night)
- 1-2 warm sweatshirts or jackets
- 7 pairs underwear
- 7-10 pairs of socks
- 1-2 pairs long pants / jeans
- pajamas or sleepwear
- raincoat or poncho
- hat or bandana
- costume for Friday night (to fit theme of the week)
- 1-2 swimming suits
- water shoes (highly recommended for waterfront because of Zebra Mussels)
- flip flops (for waterfront or shower use ONLY)

### Toiletries and Personal Items

- 2 towels
- shampoo
- soap
- toothbrush and toothpaste
- bugspray or lotion
- sunscreen / sunblock
- hairbrush and/or comb
- drinking cup or water bottle
- deodorant

### Bedding

- bed sheet (twin size)
- sleeping bag or blankets
- pillow(s)

### Other Items

- flashlight and extra batteries
- postcards or stationary (and stamps)
- pencil / pen
- book to read for rest time
- medications (note: all medications must be in original containers and placed in a labeled plastic bag. Please send only the amount of medication needed to last the duration of your camper's stay at camp. All medications – prescription and over the counter – must be turned in to the nurse at check in)
- laundry bag
- camera

### What NOT to bring

\*\*These items will be confiscated and returned to parents at the end of the week\*\*

- Ipods, Radios, or other personal music players
- Video games or other electronics
- Cell phones or pagers
- Items containing inappropriate words or symbols
- Food or candy
- Knives or weapons of ANY kind
- Lighters or matches
- Glass containers or bottles
- Alcohol, Cigarettes, or Drugs of any kind