



Adventure Tour: Costa Rica Camper Application

1. Name: _____ 2. DOB: ___/___/___

3. School: _____ 4. Grade: _____

5. Spring Break Dates: ___/___/___ - ___/___/___

6. How many days/weeks/years have you attended Summer of Surf?

7. How much other surf experience do you have? _____

8. Where else have you surfed? _____

9. Do you have a passport? _____

10. Have you traveled internationally? Where? _____



11. Have you ever attended a sleep away camp or something similar?

11. Have you ever traveled without your parents/guardians? Tell us about it.

12. Do you speak Spanish? _____

13. Do you have any allergies or dietary restrictions? _____

14. Any specific phobias, fears, anxieties that might affect you on this trip?

Please fill out and return to info@summerofsurf.com