

# MY CAMP CANDLELIGHT ACTIVITY SHEET!



YOUR NAME:

I AM A (CIRCLE ONE):

**CAMPER**

**COUNSELOR**

**CIT**

**MEDICAL STAFF**

HOW MANY YEARS HAVE YOU  
ATTENDED CAMP CANDLELIGHT?

 YEARS

## GET CREATIVE!

Share a photo, drawing, painting, or handwritten depiction.

**ONE** of my favorite Camp Candlelight activities or memories are....

I hereby grant full permission to the Epilepsy Foundation Arizona to use, reuse, reproduce, publish, or republish my activity sheet in any medium now known or hereafter developed. **PLEASE SIGN BELOW, IF UNDER 18 PLEASE HAVE AN ADULT SIGN.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_