



**Administrative Camp Director:**  
Alisa Zitofsky  
**Wee Friends Camp & School Director**  
Linda Zryb

## **CAMP ICONIC FRIEND REQUEST FORM**

Dear Parents,

Please fill out this form if there is another child that your child would like to be in the same group with. We will do our best to honor all requests.

**Child's Name** \_\_\_\_\_

Child's grade (in September 2025) \_\_\_\_\_

1. **Friend's Name:** \_\_\_\_\_

Friend's Grade (in September 2025) \_\_\_\_\_

2. **Friend's Name:** \_\_\_\_\_

Friend's Grade (in September 2025) \_\_\_\_\_

3. **Friend's Name:** \_\_\_\_\_

Friend's Grade (in September 2025) \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_