



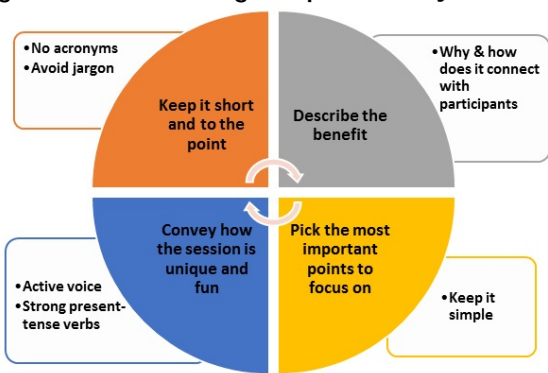
# Grandparents, Grandkids, Grand Valley (G3) Camp June 21-23, 2016

## Faculty Planning Form - Due: November 2, 2015

Presenter Name: _____	Co-Presenter Name: (if applicable) _____
Department: _____	Department: _____
E-Mail: _____	E-Mail: _____
Phone: _____	Phone: _____
Tshirt size(circle): S M L XL XXL XXXL	Tshirt size(circle): S M L XL XXL XXXL

Session Title: (Make it sound exciting - keep it short and simple.) Are you willing to repeat a session?  Yes  No

Please write a session description which describes your session in a fun and inviting way; written to interest grandchildren and grandparents. If you need help, please contact one of our staff members.



### Session Description:


Session Physical Activity Level:  None to Low  Medium  High      Session Size: (Max # of Participants) \_\_\_\_\_

Preferred Day/Time: Please mark your 1<sup>st</sup> & 2<sup>nd</sup> choices. All sessions will be 90 minutes. You may choose to expand your session by offering a "part one" and "part two" for a total time span of 180 consecutive minutes.  90 min session  180 min session

Session A: \_\_\_\_\_ Tuesday PM 1:30-3      Session C: \_\_\_\_\_ Wednesday AM 8:30-10      Session G: \_\_\_\_\_ Thursday AM 9-10:30  
 Session B: \_\_\_\_\_ Tuesday PM 3:30-5      Session D: \_\_\_\_\_ Wednesday AM 10:30-12  
 Session E: \_\_\_\_\_ Wednesday PM 1:30-3  
 Session F: \_\_\_\_\_ Wednesday PM 3:30-5

Type of Room Requesting: \_\_\_\_\_

Special Needs: (Document Camera, supplies, etc) \_\_\_\_\_

Please return by November 2, 2015 to  
 Regional Math and Science Center, C-1-120 Mackinac Hall  
 Phone: (616) 331-2267, Fax: (616) 331-3412, or [mthscctr@qvsu.edu](mailto:mthscctr@qvsu.edu)  
 Please contact our office if you have any questions or concerns.