



Healing Hearts in Life & Loss

CAMP HEALING HEARTS FAMILY APPLICATION

Family Information:

Name(s) of the deceased

Please attach additional sheets if necessary.

Adults attending, Full name (Parent, Guardian, and other adult family members):

DOB: _____ Gender: ____ Relation to Deceased _____

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DOB: _____ Gender: ____ Relation to Deceased _____

Please attach additional sheets if necessary.

Youth Attending, Full Name:

DOB: _____ Gender: ____ Relation to Deceased _____

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DOB: _____ Gender: ____ Relation to Deceased _____

Please attach additional sheets if necessary.

Family Address: _____ City: _____ State: ____ Zip _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

Email Address: _____ Best time to call ____ AM ____ PM

Will you need childcare for any children under 5 years old? __ Yes __ No How many children? _____

In case of emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

How did you find out about Camp Healing Hearts? _____

Internal Use Only: NOTES:	Date Rec'd _____	Contacted _____ by _____	Lodging _Y_N # of Rms _	Camp: _Jun 07 _Sept 07	Childcare:
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