



# CAMP HEALING HEARTS 2009

## May 15 - May 16

**Family Application:**  
***Please submit prior to April 15<sup>th</sup>, 2009***

Name(s) of the deceased \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please attach additional sheets if necessary.*

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

_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	DOB: _____	Gender: _____	Relation to Deceased _____

*Please attach additional sheets if necessary.*

Youth Attending, Full Name (between the ages of 5 – 18):

_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	DOB: _____	Gender: _____	Relation to Deceased _____
_____	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 If yes, how many children? \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you find out about Camp Healing Hearts? \_\_\_\_\_

There will be no cost to attend camp, but you must confirm your attendance. Kaleidoscope Grief Center is charged per participant for lodging and meals. Due to this cost, **all cancellations must be given to us by May 1<sup>st</sup>, 2009.** If you cancel after this date, you will be responsible for and billed \$51.00 per person.

Internal Use Only:	Date Rec'd _____	Contacted _____	Accepted: _____	Confirmed: _____	Childcare: _____
NOTES:		by _____	_____	_____	

