

Camp Hope 2017 Registration
(Required for Attendance)

Camper

First: _____ Middle: _____ Last: _____
 Gender: Male: _____ Female: _____ Birth date: ____ / ____ / ____ Age (as of June 30, 2017): _____
 Nickname: _____ Camper's Home Phone: _____
 Street Address: _____ Town/City: _____ Zip code: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First: _____ Last: _____ Ms. Mrs. Mr. Other: _____
 Street Address: _____ Town/City: _____ Zip code: _____
 Home Phone: _____ Work phone: _____ Cell phone: _____
 E-mail: _____

Parent/Guardian #2

First: _____ Last: _____ Ms. Mrs. Mr. Other: _____
 Street Address: _____ Town/City: _____ Zip code: _____
 Home Phone: _____ Work phone: _____ Cell phone: _____
 E-mail: _____

Check the weeks the camper will be attending, select if transportation is needed, and indicate the funding source. (Please refer to the Tuition and Fees page for information on the various funding options.)

Week (check all that apply)	Transportation Needed (circle one)	Funding for the Week (circle one)
Week 1: July 5 – July 7	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid
Week 2: July 10 – July 14	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid
Week 3: July 17 – July 21	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid
Week 4: July 24 – July 28	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid
Week 5: July 31 – Aug 4	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid
Week 6: Aug 7 – Aug 11	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid
Week 7: Aug 14 – Aug 18	Yes / No	DDD / DCF / Self-Pay / School District / Financial Aid

NOTE: CAMPERS AGED 22 AND OVER MAY ONLY REGISTER FOR THE JULY WEEKS

T-Shirt Size (Select one):

Youth: Small Med Large **Adult:** Small Med Large XL XXL (+\$3.00) XXXL (+\$3.00)

****A recent photo of your camper must be included with your registration****