

INDIAN TRAILS CAMP 2012 DROP-IN RESPITE APPLICATION

NAME: _____ DOB: ____/____/____

ADDRESS: _____ PH #: ____-____-____

_____ EMAIL: _____

Ethnic Background _____ COUNTY _____
(optional – for grant writing purposes)

Deposit Enclosed \$ _____ or Name of Agency _____

LEVEL OF CARE 1 2 3

Has camper attended Indian Trails Camp before? Yes No

Did you submit current medical forms dated less than 12 months from respite date? Yes No (if no, you will need to submit updated medical form prior to the respite)

Date:

____ January 21st Hours: _____ Times: _____ am/pm to _____ am/pm

____ February 11th Hours: _____ Times: _____ am/pm to _____ am/pm

____ February 25th Hours: _____ Times: _____ am/pm to _____ am/pm

____ March 10th Hours: _____ Times: _____ am/pm to _____ am/pm

____ March 24th Hours: _____ Times: _____ am/pm to _____ am/pm

****There is a minimum requirement of 4 hours****

Hours of Drop-In Respite are from 9:00am-9:00pm.

***ITC reserves the right to charge a significant fee for pickups after 9:00pm.
There are absolutely no exceptions.**

Final acceptance will be sent upon receipt of Application, Financial form and deposit. Required paperwork includes a completed application, financial form, level of determination form, current physical form and copy of insurance card.



Indian Trails Camp Scholarship Request Form

Questions for Camper:

Why do you like coming to Indian Trails Camp?

Why is Indian Trails Camp so important in your life?

Questions for Guardian:

Why is Indian Trails Camp so important in your life?

Any other comments you would like to share?
