

INDIAN TRAILS CAMP 2011 FALL 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)

SESSIONS

<u>SESSION</u>	<u>THEME</u>	<u>DATES</u>
_____ SEPTEMBER 2-DAY	Music Mania	9/23 – 9/25
_____ OCTOBER 2-DAY	ITC Homecoming	10/7 – 10/9
_____ OCTOBER 3-DAY	Trick or Treat Street	10/20 – 10/23
_____ NOVEMBER 2-DAY	Hollywood Nights	11/18 – 11/20
_____ HOLIDAY 6-DAY	Holiday Camp	12/27 – 1/2

Check in times for respites are 3:00pm-5:00pm.
Pick up time is 11:00am-12pm.

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.

