



camp journey
registration form
May 20-22, 2005

Today's Date _____
Campers Last Name _____ Camper's First Name _____
Campers Birthdate _____ Age _____
Campers Address _____ City _____ County _____ State _____ Zip _____
Campers School and Grade _____

Parents/Guardian Name _____
Parent Phone Numbers:
Home _____ Work _____ Emergency # _____
Emergency Contact and Number _____ # _____

Campers T-shirt size
Youth Size: Medium (10-12) _____ Large (14-16) _____
Adult Size: Small (34-36) _____ Medium (38-40) _____ Large (42-44) _____ X-Large (46) _____

Name wished to be printed on camp name tag _____

First and Last name of person who died _____
Relationship to camper _____
Birthday of person who died _____ Age at time of death _____ Date of death _____
Cause of death _____ Did camper witness death? _____
Explain _____

Did camper live with person who died _____
Please describe their relationship _____
Religious Background _____

Specific concerns or pertinent information such as inappropriate of aggressive behaviors or incidents, re-marriage, relocation of camper after death to another community, additional losses, difficulty in school or in relationships with others, etc.

Please explain:

How did you hear about this camp? Were your referred by a friend, school, funeral home, hospice, etc. Please state name and town where located, and the name of the specific person who referred you

What are your expectations of Camp?

Please describe you child's personality, character traits

Please tell us about you child's play interests (sports, board games, dolls, crafts, educational)

Other children living in your home

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Has your child been in any support groups or counseling? _____

If yes, please explain

Any health problems, allergies, or medications? _____

Camp Journey has my permission to:

Use any photos takes of my child at Camp for brochures, slide shows, etc Yes _____ No _____

Treat my child with emergency medical care, if necessary. Yes _____ No _____

Relationship of person completing this form to camper _____

Parent or Guardian's Name _____

Signature _____

Occupation _____ Employed by _____

There is no cost to attend Camp Journey. A \$25 deposit is required for each child. This deposit is totally refundable if campers attend Camp Journey, otherwise it will be forfeited. Please contact Jenni for a waiver if you are unable to pay the \$25 deposit.

Campers are responsible for their own transportation to and from Camp.

Space is limited and registrations are accepted in the order received. Apply early to ensure availability. Mail your completed registrations form(s) and \$25 refundable deposit to:

Jenni Bailey-Camp Director

Camp Journey

1620 Fawcett Drive

East Gull Lake, MN 56401-7614