



Therapy Intensive Programs, Inc.
Kathy Berger, Director
♥ *A Special Camp for Special Kids and their Families* ♥

Camper Name: _____ D.O.B.: _____

Please list all family members who will attend camp, including yourself, **siblings and their ages**:

Your Name and Mailing Address:

Home Phone: _____ Cell: _____

E-mail address: _____

Please indicate which camp you are interested in attending and mark your first and second preferences:

___ January 2-5, 2008, Winter Therapy Camp Tallahassee, Florida (4-12 years) **pending interest**

___ June 13-19, 2008, Transition Therapy Camp Idyllwild, California (8-12+ years)

___ June 13-19, 2008, Younger Therapy Camp Idyllwild, California (4-8 years)

___ June 21-27, 2008, Mixed Ages Therapy Camp Idyllwild, California (4-12 years)

___ June 26-29, 2008, I Can Camp Idyllwild, California (9-15 years)

___ July 21-27, 2008, Therapy Camp Flagstaff, Arizona (4-12 years)

___ July 30-Aug 5, 2008, Therapy Camp Flagstaff, Arizona (4-12 years)

___ Aug 14-20, 2008, Therapy Camp Lakeville, Connecticut (4-12 years)

Please indicate any cabin preferences you have and we will do our best to accommodate you and your family.

Have you included your deposit of \$250 to guarantee your slot? Yes No

Have you contacted Kris' Camp Administration to discuss your interest and specific needs? Yes No

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