



Therapy Intensive Programs, Inc.
 ♥ A Special Camp for Special Kids and their Families ♥

Camper Name: _____ Age at camp: _____

Please list all family members who will attend camp and their ages: _____

Address: _____

Home Phone: _____ Mobile: _____

E-mail address: _____

Please indicate which 2009 camp/course you are interested in attending and mark your first and second preferences:

___ May 27-28	Continuing Education Course	Phoenix, Arizona
___ May 29-June 4	Mixed Ages Therapy Camp (4-15 years)	Phoenix, Arizona
___ June 17-18	Continuing Education Course	Idyllwild, California
___ June 19-25	Mixed Ages Therapy Camp (4-12 years)	Idyllwild, California
___ June 26-July 2	Younger Therapy Camp (4-8 years)	Idyllwild, California
___ June 26-July 2	Transition Therapy Camp (9-15 years)	Idyllwild, California
___ July 5-8	I Can Camp (9-15 years)	Idyllwild, California
___ July 26-Aug 1	Mixed Ages Therapy Camp (4-15 years)	Flagstaff, Arizona

Those attending camps in Idyllwild and Flagstaff, please indicate any cabin preferences 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

***Please be aware that this deposit is nonrefundable according to Kris' Camp policy. Until this deposit is received, your slot is not secured. There are 8 slots available per camp and it is a first come-first served basis. Please make sure you have reviewed our tuition payment and cancellation policies.*

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

Please return all CA and Continuing Ed forms to Leidy and AZ camp forms to Michelle:

Leidy van Ispelen, Assistant Director
 3359 Creek Rd
 Salt Lake City, UT 84121
leidyvanispelen@msn.com

Michelle Hardy, Director, Kris' Camp, AZ
 3925 E. Devonshire Ave
 Phoenix, AZ 85018
mwhardy@gmail.com