KRIS' CAMP

Therapy Intensive Programs
Kathy Berger, Executive Director
A Special Camp for Special Kids and their Families

INITIAL REGISTRATION FORM

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 camp/course you are interested in attending and mark your first and second preferences:

____May 22-23	Continuing Education Course	Phoenix, Arizona
____June 5-6	Continuing Education Course	Malibu, California
____June 8-11	I Can Camp (9-15 years)	Malibu, California
____June 17-23	Mixed Ages Therapy Camp (4-15 years)	Idyllwild, California
____June 24-30	Mixed Ages Therapy Camp (4-15 years)	Idyllwild, California
____August 1-7	Mixed Ages Therapy Camp (4-15 years)	Phoenix, Arizona
____Oct 23-24	Continuing Education Course	Atlanta, Georgia

Those attending camps in Idyllwild, please indicate any cabin preferences and we will do our best to accommodate you and your family. It is assumed that those attending camp in Idyllwild will be utilizing our reserved lodging. If not, please notify us at this time, thanks!

_____
_____

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

***Please be aware that this deposit is nonrefundable. Your slot is secured when your deposit is received. 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 available here: http://kriscamp.org/forms/cancellationpolicies.pdf*

Please return all forms & deposits to:
Kris' Camp
3359 Creek Rd
Salt Lake City, UT 84121
leidy@kriscamp.org

If you have any questions about camp, please contact Michelle Hardy, Program Director, at 602-366-5867 or michelle@kriscamp.org. You will be contacted within 1-2 weeks after receipt of your registration to confirm your slot and discuss lodging. Thank you!