



INITIAL REGISTRATION FORM 2013

Camper Name:

Age at camp:

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

Mailing Address:

Home Phone:

Mobile:

E-mail address:

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

<input type="checkbox"/> June 23-25	Mixed Ages Therapy Program 3-day	Idyllwild, California
<input type="checkbox"/> June 23-27 (arrive 22nd)	Mixed Ages Therapy Program 5-day	Idyllwild, California
<input type="checkbox"/> June 26-28	Mixed Ages Therapy Program 3-day	Idyllwild, California
<input type="checkbox"/> July 8-12	Social Recreation Program 5-day	San Diego-La Jolla, California
<input type="checkbox"/> July 15-19 (arrive 14th)	Mixed Ages Therapy Program 5-day	San Diego-La Jolla, California
<input type="checkbox"/> July 22-26	Social Recreation Program 5-day	San Diego-La Jolla, California
<input type="checkbox"/> July 29-31	I Can Camp	Julian, California
<input type="checkbox"/> Fall TBD	Adult Program 3-day	San Diego, California
<input type="checkbox"/> Fall TBD	Mixed Ages Therapy Program 3-day	San Diego, California

Those attending camps in Idyllwild, if you are interested in staying at a discounted rate at Apple Blossom Inn, please indicate any preferences (number of rooms, etc.) 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. 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

Please let us know if you have any questions. Leidy can be reached at 801-733-0721 or leidy@kriscamp.org. Thank you!