

2008 CAMP NEW HOPE JAYCEE RESERVATION FORM

**Camp New Hope, Inc.
PO Box 764, Mattoon, IL 61938
(217)895-2341**

Website: www.myfavoritecamp.org ---- Email: cnhinc@consolidated.net

Camping Schedule: Sunday through Friday – June through July

Camper Qualifications: Camp New Hope is designed to serve individuals of all ages who have developmental disabilities.

Camper Fee: \$475 per camper prior to December 31, 2007 - \$500 as of January 1, 2008.

Camper Applications: After receiving the reservation form and check the application and medical form will be mailed to the sponsoring chapter.

Transportation: Supplied by the sponsoring chapter or parent.

Completed reservation form is due **March 1, 2008**. The completed application and medical form are due **April 1, 2008**. **(If application and medical form are not received by the camp by the deadline, your fees will supply a camper from the Camp New Hope waiting list.)**

Sponsorship may be made by other civic organizations, Businesses or Individuals in cooperation with your chapter. They can use this as a tax write-off! (This method of funding can be successfully utilized by chapters with limited financial resources.)

DETACH AND MAIL FILL OUT COMPLETELY

Sponsoring Chapter/
Organization: _____

Chapter: _____ Region: _____

Chapter President: _____ Phone :(H) _____ (W) _____

President's Address: _____ City: _____ ZIP: _____

Project Chairman: _____ Phone: (H) _____ (W) _____

Chairman's Address: _____ City: _____ ZIP: _____

We would like to send _____ individuals to Summer Camp 2007

Enclosed, please find our check in the amount of \$ _____ (\$475 per camper/\$500 after Jan. 1, 2008)

Make checks payable to: Camp New Hope, Inc.
Mail to: Camp New Hope, Inc., P.O. Box 764, Mattoon, IL 61938

PLEASE CHECK THE APPROPRIATE BOX

We would like to select our own camper. Please send an application and medical form.

Please select a camper from the Camp New Hope waiting list.