

## 2010 RESERVATION FORM

**CAMPER FEES: \$525.00 per camper week for residential (overnight) camp.** Sponsorships may be made by other civic organizations, business, or individuals. Please contact Camp directly to get information about financial assistance to families in need, at (217)895-2341.

**Due April 1:**  this reservation form,  \$525 camp fee  Annual Information form,  Health History form, and  Medical Authorization form. Your camper cannot be scheduled for camp until all forms are in.

**Scheduling- Please Tell Us If There is a Time You Cannot Attend:** It helps to know if there is a week that a camper cannot attend. We cannot guarantee a particular camp week until we notify you. The following weeks are available this summer. We try to schedule by age but cannot always do so. This is the tentative grouping for the summer.

Week 1-- Sunday, June 13 to Friday, June 18

Week 2-- Sunday, June 20 to Friday, June 25

Week 3-- Sunday, June 27 to Friday, July 2

Week 4—**Day Camp only**, Monday July 5 to Friday July 9, all ages

### **The Following IMPORTANT Notes Will Help Us Get This Camper to Camp New Hope**

Camper should have no severe medical problems such as severe heart problems, Diabetes requiring injections,\* uncontrolled, active seizures, and medical problems that require doctor or nursing care, such as a feeding tube.\*

- Do not FAX any camp forms. It makes them less readable- and that's a safety issue.
- Remember, application does not guarantee camp attendance.
- Fill out the forms *completely*. Print neatly or type. The annual application form has 2 pages and 4 sides. It will be returned to you if not completely filled out.
- Application and Medical Authorization and Health History must be signed by:
  - Parent (legal guardian if other than parent) if camper is **under 18**.
  - Legal guardian if camper is **over 18**.
  - If there in no legal guardian and the camper is over 18, he/she should sign it.
- Unsigned forms will not be processed.
- Health history should be filled out and signed by physician. This form requires both parent/guardian signature and the physician's.
- Medical examination must be no more that 12 months prior to coming to camp.
- No camper will be scheduled without completed health history form.
- Use the enclosed health history form, not one for a school or Special Olympics.
- Mail completed forms to Camp New Hope, Inc., P.O. Box 764, Mattoon, IL 61938
- If you have questions about the forms call the camp office at (217) 895-2341.
- Enclose a check for the camp fee or write the name of your sponsor on page 2 of the application form. In case of financial hardship, contact the office. We may be able to assist you to find a sponsor to pay the fee.

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CUT HERE AND RETURN FORM BELOW WITH APPLICATION  
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Camper name: \_\_\_\_\_

CHECK ALL THAT APPLY :

- STANDARD SCHEDULING--I ask that the camp try, if possible, to schedule this camper with his/her age group (this is what the camp ordinarily does).
  - SPECIAL SCHEDULING: I request that the camper attend the same week as the following named camper(s), if possible—and I understand that the more friends I list here, the more difficult it is to accommodate:  
\_\_\_\_\_
  - SPECIAL DATE REQUEST: I request that the camp try, if possible, to schedule this camper to come one of the following weeks \_\_\_\_\_ (write the week(s) you are requesting). VERY IMPORTANT- write the reason for the special request. Examples—"Camper is having surgery during the early summer," or "Camper will be out of state after June 20." Reason: