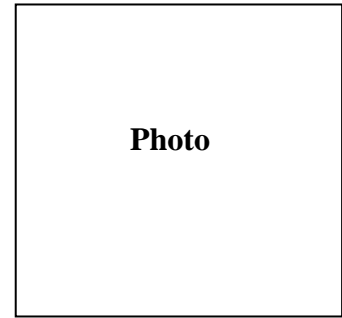




**CAMP AMANDA**  
**ADULT REGISTRATION FORM**

April 18-19, 2009                      Story City, IA  
 September 26-27, 2009                  Indianola, IA



A separate form must be filled out for each person attending camp. Feel free to duplicate this form as needed.  
Please complete this form in ink. All applications will be processed **only when the following (3) items are received.**

1. Completed Application
2. Recent Photo
3. \$35.00 Registration Deposit per Person (Refundable).

**Incomplete registrations will not be processed.**

Today's Date \_\_\_\_\_

Last name: \_\_\_\_\_ First name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ Emergency # (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

T-shirt size: Small (34-36) \_\_\_\_\_ Medium (38-40) \_\_\_\_\_ Large (42-44) \_\_\_\_\_ X-Large (46) \_\_\_\_\_ XXL \_\_\_\_\_

Name you wish printed on camp nametag, if other than formal given name: \_\_\_\_\_

Name(s) and age(s) of child(ren)/teens attending camp: \_\_\_\_\_

First and Last name of person who died: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If husband or wife died, please state if you were married at time of death or divorced: \_\_\_\_\_

Birthdate of person who died: \_\_\_\_\_ If spouse died, date and year of wedding anniversary: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age at time of death: \_\_\_\_\_ Date of Death \_\_\_\_\_

Did death occur at home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Other? \_\_\_\_\_

Were you present at time of death? \_\_\_\_\_ Was this person living at home, away at school, outside the home, separated, divorced, etc.? \_\_\_\_\_

Who or what has helped you most since the death and in what way? Family, friends, church, spouse, others? In what way? \_\_\_\_\_

What kinds of support do you have now? \_\_\_\_\_

Describe your greatest concern at this time: children, concentration, loneliness, other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you concerned about job security or finances at this time? Please Explain.  
\_\_\_\_\_  
\_\_\_\_\_

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What are your concerns and/or needs at this time?  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your family's communication around the death? Open \_\_\_\_\_ Adequate \_\_\_\_\_  
Very Little \_\_\_\_\_ Avoided \_\_\_\_\_ None \_\_\_\_\_ Desire more communication \_\_\_\_\_

What are your expectations of Camp Amanda? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your interests: (i.e. hobbies, sports, reading, crafts, cooking): \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Camp Amanda? Were you referred by a friend, school, funeral home, hospice, etc.  
Please state name and town of school, funeral home, etc. and the name of specific person who referred you, if you know it.  
\_\_\_\_\_

Any health problems, allergies, medications? \_\_\_\_\_  
\_\_\_\_\_

Amanda Cares, Inc. has my permission to:  
Use any photos taken at Camp Amanda \_\_\_\_\_ Yes \_\_\_\_\_ No  
Be treated for medical care as needed, if necessary \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ of other children and adults living in the home:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**There is no fee to families to attend Camp Amanda, only a refundable \$35 deposit per person – not to exceed \$100 per family living at the same address. To reserve your space at Camp Amanda, we require your deposit, a recent photo of each person attending, and a completed application form for each person. Incomplete applications will NOT be processed. Your check or money order will be returned to you uncashed, if you attend. If you do not attend camp after you have registered, your deposit is forfeited and your check will be cashed immediately following camp..**

**Space is limited and registrations are accepted in the order received. Apply early to insure availability.**

**Mail your completed registration form(s), photo and deposit to:**

**Charlie Kiesling, Camp Director, Camp Amanda, 1000 – 73<sup>rd</sup> St., Suite 12, Des Moines, IA 50311**

**Phone (515) 223-4847 FAX (515) 223-4782 ♠ e-mail: [charlie@amandathepanda.org](mailto:charlie@amandathepanda.org) ♠ Website: [www.amandathepanda.org](http://www.amandathepanda.org)**

**PLEASE NOTE: THE ADULT CAMP AND THE CHILDREN'S/ TEEN'S CAMP ARE ENTIRELY SEPARATE CAMPS.**

**CHILDREN AND TEENS WILL BE SLEEPING IN SEPARATE CABINS FROM THEIR PARENTS.**

**MARRIED COUPLES WILL BE SLEEPING APART DUE TO LIMITATIONS OF CABINS AND BUNK BEDS.**