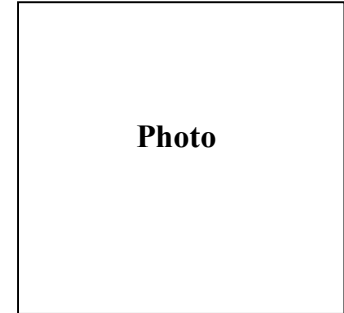




CAMP AMANDA
ADULT REGISTRATION FORM



- September 22-23, 2007
 April 19-20, 2008
 October 4-5, 2008

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?

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 _____

The cost of Camp Amanda is \$500 per person which includes follow-up support for one year. Camp scholarships are available so there is no fee to attend. To reserve your space at Camp Amanda, we require a refundable \$35 camp reservation deposit per person – not to exceed \$100 per family living at the same address, a recent photo, 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.

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:

JoAnn Zimmerman, Camp Director, Camp Amanda, 1000 – 73rd St., Suite 12, Des Moines, IA 50311

Phone (515) 223-4847 ♥ FAX (515) 223-4782 ♥ e-mail: jzpanda@aol.com ♥ Website: 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.