

## Camp of Hope

Camp of Hope is to help and support someone that has lost a loved one.

PLEASE PRINT CLEARLY

Child's Name: \_\_\_\_\_

Nickname if preferred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) Male/Female

Cause for  
Bereavement \_\_\_\_\_

\_\_\_\_\_

Date this occurred \_\_\_\_\_

Has child received counseling? (circle one) Yes/No

Parent's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Contact person in case of emergency: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

T-Shirt size of child: Youth Small Youth Medium Youth Large  
Adult Small Adult Medium Adult Large Adult XLarge Adult XXL

**Signature** of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE SIGN AND RETURN TO:

Fax: (970) 242-7393 OR

Mail: P.O. Box 987

San Angelo, TX. 76902

Website: [www.suzygayle.com](http://www.suzygayle.com)