



Spectrum Family Camp 2010 May 7-9, October 29-31, November 26-28

Registrant's Last Name, First Name (First Parent)

Email Address

Mailing Address

Cell Phone Number

Home Phone Number

City State Zip Code

How did you hear about Spectrum Family Camp?

Family Information (Attach additional pages if necessary)

Last Name, First Name Birth date

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Please tell us more about the child(ren) on the autism spectrum:

Which child(ren) is on the autistic spectrum? Which diagnosis best described his/her special qualities? Does the child have any physical challenges?

Has the child(ren) ever been away at camp? Would you feel comfortable sending this child(ren) to a "traditional" camp alone? Is the child verbal?

List any special concerns you might have with regard to planned activities or the camp experience in general:

What do you most hope to gain from this camp experience?

Are there any listed activities that you or your child(ren) are especially excited about?

Please select session(s) below:

Friday, May 7 – Sunday, May 9, 2010 Friday, October 29 – Sunday, October 31, 2010 Friday, November 26 – Sunday November 28, 2010

Arrival and Departure:

Arrival Date(s) and Time(s)
Check-in from 5 – 8PM or 9 – 10AM Saturday

Departure Date(s) and Time(s)
Check-out from 1 – 2PM on Sunday

- Please use driving directions found at: campgreenville.org
- GPS devices will not work properly in this area.

Lodging:

- Weekend cost of \$260 includes meals, lodging and programs for up to four people. Add additional people for \$50 each.
- All cabins are heated with bathrooms with showers and will be reserved on a first-come, first-served basis, upon receipt of deposit and most have large porches for sitting. Each family will be given a private cabin if they wish.

Special Housing Requests

Families you would like to be near

Families you know that are coming

Office use:

	Date	Submitted	Returned	EOM
Application Received				
Deposit Received				

