

Application and Information Sheet



Dear Guest:

Please complete the form and return to me as soon as possible. We would also ask you to tell us a little about your family in the space provided below. You should provide us with a first and second choice date. Camp weeks run from Sunday through Friday. Weeks are reserved only after we receive the completed application . Thank you and if you have any questions please do not hesitate to ask.

If you have a family picture or a picture of your child, please share this with us so we can try to have the names and faces memorized by the time you get here.

Randy S. Brown/ Camp Director - cell (704-796-6641)

Please tell us a little about your family: _____

1st week choice _____ 2nd week choice _____

Information Sheet :

Name and age of applicant: _____

Please circle one: boy or girl

Medical condition:

Favorite foods of child: _____

Allergies: _____

Physicians name and number: (used on in emergency) _____

Parents name: _____

Siblings names and ages: _____

Mailing address: _____

Email address: _____

Home phone: _____ Cell: _____

Emergency contact name and number: _____

This information is only for the use of Camp New Hope. It will not be shared with any other organization. We use this information so that your stay with us may be more comfortable.

Thank you!

Please have your physician write a short statement verifying your child has been diagnosed with a life threatening disease. Camp New Hope is a free camp for children who have life threatening diseases and their families or friends.

Childs name_____

has been diagnosed with_____

This diagnosis is life threatening and qualifies the child for Camp New Hope.

Physicians signature:_____