

# Camp STARS Pre-Registration Form

November 2-4, 2007

Registration deadline is Oct. 5, 2007

Please fill out the enclosed forms, if you would like to "reserve space" for Camp STARS this year.

Address for Complete Application Packet to be Mailed to:

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_  
Address \_\_\_\_\_ Work \_\_\_\_\_  
City State & Zip \_\_\_\_\_ Cellular \_\_\_\_\_

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship of camper to deceased: \_\_\_\_\_ Age: \_\_\_\_\_

Sweatshirt Size Child Lg.  Adult Small  Adult Med  Adult Large  Adult XL

Bus to camp and back?  Yes  NO

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship of camper to deceased: \_\_\_\_\_ Age: \_\_\_\_\_

Sweatshirt Size  Child Lg.  Adult Small  Adult Med  Adult Large  Adult XL

Bus to camp and back?  Yes  NO

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship of camper to deceased: \_\_\_\_\_ Age: \_\_\_\_\_

Sweatshirt Size  Child Lg.  Adult Small  Adult Med  Adult Large  Adult XL

Bus to camp and back?  Yes  NO

Deceased Name: \_\_\_\_\_

*To be eligible for camp the loss should have occurred before August ###*

Cause of Death \_\_\_\_\_

Name of Person Referring: \_\_\_\_\_

Referring Agency \_\_\_\_\_

Referring Telephone \_\_\_\_\_

There is no cost for camp. However there is a \$25.00 per child application fee. The application will be mailed during the Fall of 2007 and the fee should be mailed back along with the application form by the noted deadline.

Please return this completed pre-registration to:

Barbara Moore, Manager of Vol. Svc.  
Hospice Atlanta/Camp STARS  
1244 Park Vista Drive NE  
Atlanta, GA 30319  
404-869-3086

Date of Pre-Registration: \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Processing: Packet Sent on \_\_\_\_\_