

CAMP SOL, INC.
CAMP SOL - HEALING THE FAMILY HEART
Family Retreat
2005 APPLICATION FORM

Parent(s)/Guardian(s) attending:

Last First
Mom/Dad/Other _____ (Circle One)

Last First
Mom/Dad/Other _____ (Circle One)

Siblings attending:

Last First Age
Birthdate _____ Brother/Sister

Last First Age
Birthdate _____ Brother/Sister

Last First Age
Birthdate _____ Brother/Sister

Last First Age
Birthdate _____ Brother/Sister

Child Who Died:

Name Gender Date of Birth Date of Death

Cause/circumstances surrounding the death: _____

Mailing Address: _____
 Street/Box Apt. City Zip

Telephone: _____ (Home) _____ (Work) _____ (Cell)

Email Address _____ **Religious Affiliation** (optional) _____

_____ **I will need Childcare (for children under 4 years old)**

Special needs: Please list any special needs your family may have such as dietary needs, translator needs, or other needs.

***Returning Families: Would you be willing to share a cabin with another family?__**
If you know of a family to share with, please specify. _____

If you have any questions, or need further information, please contact:
Laura & Kris Cartwright (Parents) at (469) 549-4335
Lesley Lingnell at (214) 456-8115

*If you do not wish to receive any material in the future, please sign your name here
_____.