



Camp Paz for Grown-Ups Registration Form

Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Information

Phone	Daytime	Evening	Cell / Other
Email			

Occupation: _____

Names and ages of children attending Camp Paz:

Child					
Age					

Names and ages of children affected by this death who will not be attending Camp Paz:

Child					
Age					

Who has died in your family? _____ Relationship to you _____

Age(s) of person(s) who died _____ When did death occur? (Date) _____

Cause of death: _____

(Please give us any important details, such as who was with the person when they died)

Did the person who died live with you? _____

What emotional and / or behavioral changes have you been experiencing since the death? _____

What are your expectations of Camp Paz for Grown-Ups? _____

List any health problems, dietary needs or limitations while at camp? _____

List any medications / allergies? _____

Camp Paz for Grown-Ups - Registration Form

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone	Daytime	Evening	Cell / Other
Email			

What are your hobbies, interests or special talents? _____

Please describe yourself: _____

Camper T Shirt size:

Adult () Small (34-36)

() Medium (38-40)

() Large (42-44)

() X-Large (46)

Desired name for camp nametag _____

I hereby release Stepping Stones of Hope in the case of injury. Stepping Stones of Hope/Camp Paz reserves the right to use photos and video for promotional purposes.

Signature _____ Date: _____

ALL INFORMATION IS CONFIDENTIAL

Please return completed registration form with a \$50.00 registration fee.
Space is limited and registrations will be accepted in order received. Partial scholarships are available.
Limit 2 adults per family please.

Mail to: Stepping Stones of Hope/Camp Paz
4000 North 7th Street, Suite 108
Phoenix, AZ 85014
(602) 264-7520

Email: info@steppingstonesofhope.org

www.steppingstonesofhope.org