

**Hello Craniofacial Family and Friends!**

**Thank you for your interest in the “Dreams Can Come True” 16<sup>th</sup> annual Family Camp. Many of you are requesting the packet for the 1<sup>st</sup> time and others will be attending for the 16th time. This camp offers something for ALL ages!**

**Camp will take place April 29-May 1 at Camp Adahi in Menlo, Georgia right outside Chattanooga, Tennessee. The 800 acre camp is beautiful and will offer many activities from trail riding, canoeing, fishing, hayrides, hiking, crafts, camp fires, climbing wall, basketball and cheerleading skills sessions, and several team building events for our older campers. The MELTDOWN as seen on wipeout! Camp relay races and get ready for the CFA Amazing Race!**

**The camp is offered to you and your family at no cost. The only requirement is your commitment to attend, have fun, and make new friends.**

**Please fill out and return the following forms by April 13 to register for camp:**

- the registration form
- t-shirt form
- medical release form

**MOST often asked questions:**

**WHAT TIME WILL CAMP START? Camp registration is Friday from 2pm to 6pm**

**WHAT DO I NEED TO BRING? Personal belongings; ALL food and drink provided**

**WHAT DOES THIS COST? Absolutely nothing**

**Once you register a confirmation letter will be sent with a packing list and directions. We look forward to seeing you at camp! Please feel free to call me if there are any questions.**

**Donna Henderson  
Camp Coordinator  
615-946-2349 cell**

**Mail to: Craniofacial Foundation of America  
975 E Third Street  
Chattanooga TN 37403  
Fax to: 423-778-8172**

# DREAMS CAN COME TRUE 2016 REGISTRATION FORM

IS THIS YOUR FIRST TIME ATTENDING CAMP? CIRCLE ONE YES. NO # YRS attended \_\_\_\_\_

## NAME OF CRANIOFACIAL FOUNDATION PARTICIPANT

\_\_\_\_\_  
(first) (last) AGE \_\_\_\_\_

## MAILING ADDRESS OF FAMILY: Family Contact Person \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(HOME PHONE) (WORK PHONE) (CELL PHONE)

\_\_\_\_\_  
(EMAIL ADDRESS IF AVAILABLE)

Please list the following **IMMEDIATE** family members and their relationship that will be attending:

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (relationship) AGE \_\_\_\_\_

- If perhaps an injury would occur during this event, I understand the Craniofacial Foundation of America and Girl Scout Council of Appalachian would not be held accountable and would be released from any and all expenses that may occur.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

- I understand that no alcoholic beverages are permitted at Camp Adahi and also understand **SMOKING is NOT** permitted except in the front parking lot and agree to uphold these rules.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

T-SHIRT ORDER FORM RETURN WITH REGISTRATION FORM 2016

NAME OF CRANIOFACIAL PARTICIPANT \_\_\_\_\_

PLEASE SELECT THE SHIRT SIZES NEEDED FOR THE FAMILY MEMBERS REGISTERED FOR CAMP. MAKE SURE THE

TOTAL NUMBER OF SHIRTS DOES NOT EXCEED NUMBER OF PARTICIPANTS

YOUTH XS 2-4 \_\_\_\_\_ YOUTH SMALL 4-6 \_\_\_\_\_

YOUTH MEDIUM 8-10 \_\_\_\_\_ YOUTH LARGE 12-14 \_\_\_\_\_

ADULT SMALL \_\_\_\_\_ ADULT MEDIUM \_\_\_\_\_

ADULT LARGE \_\_\_\_\_ ADULT XL \_\_\_\_\_

ADULT 2XL \_\_\_\_\_ ADULT 3XL \_\_\_\_\_

TOTAL NUMBER OF SHIRTS \_\_\_\_\_



**Option**

**Sweatshirts will be ordered in advance. They will cost \$15 each with payment due with registration. Check made payable to CFA.**

**Please list sizes with total amount due.**

**Youth SM** \_\_\_\_\_

**Youth medium** \_\_\_\_\_

**Youth large** \_\_\_\_\_

**Adult small** \_\_\_\_\_

**Adult large** \_\_\_\_\_

**Adult xl** \_\_\_\_\_

**Adult 2xl** \_\_\_\_\_

**Adult 3xl** \_\_\_\_\_

**TOTAL@\$15each=** \_\_\_\_\_

**Check must be enclosed**

**MEDICAL AND INSURANCE INFORMATION 2016**  
**PLEASE FILL OUT AND RETURN WITH REGISTRATION FORM**

\_\_\_\_\_ is covered by health/accident insurance.  
(participant)

Our family is also covered under the same policy. \_\_\_\_\_ yes \_\_\_\_\_ no

The insurance company is: \_\_\_\_\_

The Policy Number is: \_\_\_\_\_

IF NO: Company \_\_\_\_\_ Policy # \_\_\_\_\_

In case of an emergency, I give permission for my children to receive emergency medical treatment, if necessary. By providing the above information, I give permission to the hospital and/or physician to administer treatment for the camp participant and/or family member if needed. I understand that any excessive medical charges will be paid by me or my insurance company.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE LIST ANY KNOWN ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_

ALL MEALS ARE PROVIDED

PLEASE LIST ANY DIETARY NEEDS YOU OR YOUR FAMILY MAY HAVE \_\_\_\_\_ NONE

\_\_\_\_\_  
\_\_\_\_\_

**I will be arriving during the registration time 2-5:00 \_\_\_\_\_ yes \_\_\_\_\_ no**

**Our estimated time of arrival will be \_\_\_\_\_**

I am in need of handicap access \_\_\_\_\_ yes \_\_\_\_\_ no

If yes please explain \_\_\_\_\_

\_\_\_\_\_

I am in need of electricity for medical purposes \_\_\_\_\_ yes \_\_\_\_\_ no

If yes please explain \_\_\_\_\_

\_\_\_\_\_

STAYING IN A PLATFORM TENT WILL WORK FOR OUR FAMILY \_\_\_\_\_ yes \_\_\_\_\_ no

COMMENTS \_\_\_\_\_

\_\_\_\_\_