



2018 CAMP MEMIKI - CHILDREN'S GRIEF CAMP

Saturday, September 15

Camp Arthur
5700 N. Camp Arthur Road
Bruceville, IN 47516

Name of Child: _____ Age: _____

Grade in School: _____ School: _____ Teacher's Name: _____

Parent/Guardian's Name: _____ T-Shirt - Youth or Adult S / M / L / XL
(Please circle size needed.)

Home Phone #: _____ Cell Phone #: _____

Address: _____
City State Zip Code

Emergency Contacts:

1. _____
Name Phone Number Relationship to Child

2. _____
Name Phone Number Relationship to Child

Significant person/s who has died in the child's life and their relationship:

Circumstances of Death _____

Date of Death _____

How do you hope the Grief Camp will benefit your child?

Has he/she attended grief groups such as church, school or an agency?

How was this helpful?

Other changes, concerns or losses?

Food Allergies/Sensitivities: _____

PHOTOGRAPHY RELEASE

Good Samaritan Hospice reserves the right to take photographs or film of any activity my child will be participating in during the camp. I agree for these photographs or films to be used for promotional and/or commercial purposes

Parental Signature: _____ Date: _____

- Parents/Guardian will be notified of received application by phone; followed by additional information.
- Please submit applications by **August 31, 2018** to ensure your child receives a t-shirt.

Mail completed form to: Good Samaritan Hospice
601 S. Ninth Street
Vincennes, IN 47591
Please call 812-885-8035 for any questions.



Good Samaritan
Hospice

gshvin.org/griefcamp