



**Good Samaritan**  
Hospice

## FALL 2022 CAMP MEMIKI - CHILDREN'S GRIEF CAMP

**Saturday, October 8**

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 or Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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 in the past?

Good Samaritan Hospice  Church  School  Other \_\_\_\_\_

How was this helpful?

\_\_\_\_\_

Other changes, concerns or losses?

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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 **September 19, 2022** 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.



[gshvin.org/griefcamp](http://gshvin.org/griefcamp)