

# California Hands & Voices DHH Family Camp Registration Form

October 21-23, 2016

Register soon! Spaces are filling up! **Friday evening meal provided. All other meals on your own.**

| Fri-Sun   | Sat Day | First Name | Last Name |
|---|---------|------------|-----------|
| Parent 1:   | _____   | _____      | _____     |
| Parent 2:   | _____   | _____      | _____     |
| Address _____   |         |            |           |
| City  | _____   | State      | _____     |
|   |         |            | Zip _____ |
| <b>Preferred Contact Family Parent (Email/Cell/Home/VP)</b> |         |            |           |
| _____   |         |            |           |

**Email Parent** (Please type in so we can email you)

| Fri-Sun | Sat Day | Children's names | Age   | DHH/H |
|---------|---------|------------------|-------|-------|
| _____   | _____   | _____            | _____ | _____ |
| _____   | _____   | _____            | _____ | _____ |
| _____   | _____   | _____            | _____ | _____ |
| _____   | _____   | _____            | _____ | _____ |
| _____   | _____   | _____            | _____ | _____ |

**Interpreter requests:**

**Parent:** \_\_\_\_\_ ASL \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

**Briefly share a little about your child(ren)?** (Communication preferences, special needs, helpful tips, naps etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you selected which kind of site you would like? YES NO

Please enter a description based on attached rates. Site must be reserved as DHH Family Camp, using a personal credit card.

Camp description: \_\_\_\_\_

**E-Mail:** Completed registration form to. Submit a \$10 registration deposit *for each registered family member:*  
**Balance is due by October 20th.** Thank you!

**E-mail registration to [sklowrance@aol.com](mailto:sklowrance@aol.com)**