



Enchanted Hills Camp Application 2012



Adults with Special Needs Session: July 7 through July 11

Camper Information

Last Name:

First Name:

Address:

City:

State:

Zip:

County:

E-mail:

Phone – Cell:

Home:

Ethnicity (optional):

(Important for assistance with grant and funding applications)

Emergency Contact:

Relationship:

Phone – Cell:

Home:

Second Emergency Contact:

Relationship:

Phone – Cell:

Home:

Current Living Situation: (w/ Family, residential facility, etc.):

Name of DOR Counselor if applicable:

Do you have a roommate or cabin preference?