



Summer Family Camp 2011 Registration July 20-24, 2011

Complete the form below and mail to CFN ASAP to reserve your family's space at Summer Family Camp. Space is limited to approximately 15 families. First time families and those in active treatment have priority. Special accommodations can be made for most of your needs. A Nurse or Doctor will be on staff. Because we are charged for last minute cancellations, we require a refundable \$30 deposit. This 'CFN Fun Fund' is refundable after camp*, but not your CFN Fun! Please send your 'CFN Fun Fund' along with this registration form. In addition to this form**, we need you to complete a 'Family Medical Information Form,' a 'Family Photo Release Form' and a 'CFN Waiver.' We need your primary oncologist to complete a 'Physician Exam Form.' **All registration materials and your refundable* \$30 deposit written to 'CFN Fun Fund' are DUE BY June 15, 2011** We will accept late applications based on availability.

Questions? Call 406-587-8080, email Programs@CancerFamilyNetwork.org, or visit www.CancerFamilyNetwork.org. **RETURN FORMS TO** CFN, PO Box 6446, Bozeman, MT 59771

Family Name: _____

Address: _____ City: _____ Zip: _____

His Phone(s): _____ Her Phone(s): _____

His Email: _____ Her Email: _____

Survivor Name: _____ Age at Camp: _____

Diagnosis: _____ Age when diagnosed: _____

Primary Oncologist Name & Practice: _____

Family Members Attending (including your own) Provide name wanted on Nametag	Relationship to Survivor	Same Address? Yes or No***	Age at Camp	T-Shirt Size Ad/S-XXL; Y/S-L
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** Provide the alternative address(es) of those attendees identified above as having a different address. If there is more than one additional address, specify which family member lives at which address.



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Please list the CFN programs you and your family have attended in the past: _____

How did you first hear about CFN? _____

What do you and your family hope to gain from your camp experience? _____

* Your 'Fun Fund' is returnable after attending a full week of camp and completing a program evaluation, or for cancellation by June 15, 2011. For refunds after July 1st 2009, cancellations must be submitted with a written doctor's note from your primary oncologist.

** A confirmation letter will be sent upon receipt of this registration form and 'Fun Fund.' This confirmation packet will include the 'Family Medical Information Form,' the 'Physician Exam Form,' the 'Family Photo Release Form,' and the 'CFN Waiver.' These materials are due to CFN by no later than July 1, 20. If you have internet access, you may download, print, and complete these forms and send them in along with this registration form and your 'CFN Fun Fund.' **Please call if you have any questions or need any assistance. We are happy to help in any way we can!**

*CFN is able to offer camp (and other programs) at NO COST, thanks to generous individual contributions, business sponsors, fundraising events, and dedicated volunteers.
Tax-deductible gifts of supplies and/or funds to the CFN Camp Fund are always appreciated.*

THANK YOU! WE WILL SEE YOU AND YOUR FAMILY AT CAMP ☺ !