



Summer Family Camp Registration July 14 -18, 2010

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 is on staff. We require a refundable \$30 deposit. Please send your 'CFN Fun Fund' along with the following forms: Registration, Family Medical Info, Family Photo Release, Waiver, and Physician Exam (completed by your primary oncologist). **All registration materials and your refundable* \$30 deposit written to 'CFN Fun Fund' DUE BY JUNE 30, 2010** We will accept late applications based on availability.

Questions? Call 406-587-8080, email: director@CancerFamilyNetwork.org, or visit www.CancerFamilyNetwork.org. **RETURN FORMS TO** CFN PO Box 6446 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)	Relationship to Survivor	Same Address? Yes /No***	Age at Camp	T-Shirt Size <small>Ad S-XXL; YS-L</small>
provide name preferred on nametag				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** 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.





CFN Summer Family Camp Registration Page Two

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

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 15th, 2010. For refunds thereafter, cancellations must be submitted with a written doctor's note.

** A confirmation letter and additional information on Camp will be sent upon receipt of this registration form and your 'Fun Fund.' This confirmation packet will also include required forms (if not already submitted). All required are due to CFN by no later than June 30, 2010. If you have internet access, you may download, print, and complete these forms and send/fax 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 offers 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 are always appreciated. If your employer or someone you know would be interested in sponsoring a camp family or activity, let us know and we can send them some information!
MY IDEAS FOR OTHER CAMP SUPPORTERS ARE: (name(s) & contact information):*

THANK YOU! WE LOOK FORWARD TO SEEING YOU & YOUR FAMILY AT CAMP 😊