



Foundation for Dreams, Inc.
Dream Oaks Camp Returning Camper Form 2009-2010

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| <input type="checkbox"/> October 9-11, 2009 | <input type="checkbox"/> February 19-21, 2010 |
| <input type="checkbox"/> November 6-8, 2009 | <input type="checkbox"/> March 26-28, 2010 |
| <input type="checkbox"/> January 22-24, 2009 | <input type="checkbox"/> April 9-11, 2010 |

Arrival Time: Friday 6-8 pm
Departure Time: Sunday 10:00 am
Cost: \$200.00

Financial Aid: If applying for financial assistance for the first time, you must contact the Foundation for Dreams office to request the Financial Assistance Application & a copy of your previous year's income tax or W-2's.

A \$50.00 registration fee is required for each camp session.

All paperwork must be complete and returned 2 weeks prior to camp session

Camper's Name _____

Camper application on file from summer 2009 Yes No
Any changes since then on child's condition or medical files? Yes No
(If so, please complete the enclosed medical update form)

Parent / Guardian Name _____

Phone Number - (H) _____ (C) _____

Please list 2 request dates for weekend camps in order as you want them:

1) _____ 2) _____

Shall I put you on our waiting list for other camps? _____

Return this form to:
Foundation for Dreams, Inc.
16110 Dream Oaks Place
Bradenton, FL 34212
Phone: 941-746-5659 Fax: 941-745-1409

www.foundationfordreams.org