

June 21st - 23rd, 2019

Camp Sunrise is founded on the understanding that every child deserves the opportunity to grieve in a safe, supportive, and understanding environment. With loving support children grieving a death can share their experience with acceptance as they move through the healing process. Support for parents and caregivers will further enhance the grieving child's journey to health.

Camp Sunrise Registration Form

Complete and return to

Camp Sunrise - 732 SW 23rd - Redmond, OR 97756

Camper's Name:			Nickname	
Campers address: _				
City, State, & Zip:				
Phone Number:		Date of Bir	th: Current age: _	
Camper Gender.	☐ Female ☐ Male	Camper's T-shirt Size: □ ch	nild's med 🔲 child's large 🔲 child	l's x-large
		□ a	dult med 🔲 adult large 🔲 adu	lt x-large
Name of Deceas	ed:	& relation	ship to child:	
Date of Death:	Cau	se of Death:		
Best Way to Contac Email address: (help How did you hear a	et Parent/Guardian oful but optional) _ bout Camp Sunrise	.; 		
	and desire my child/	ward to participate in Camp Sunrise	and authorize him/her to parti	cipate in
	Tain willing to make injoin a valuable for a pre-early interview and to attend the first week			
☐ I further aut	horize my child/ward	d to receive emergency medical care	as needed while at camp.	
☐ I understand	☐ I understand I am responsible for transporting my camper to and from Camp Sunrise.			
		nrise to use photographs of my chil understanding that my child/ward'		ublicity of
Signed:		Da	te:	
	(Parent/Guardia	n)		

To ensure your child's reservation please return as soon as possible. Camp Sunrise is filled on a first come first served basis.