



Sunnyhill Adventures
 6555 Sunlit Way
 P.O. Box 246
 Dittmer, MO 63023

Contact Information:
 Phone: 636-274-9044
 Fax: 636-285-1305
 www.sunnyhillinc.org



2018 Sunnyhill Adventures Registration-Camp

Participant's Name: _____

Participant Address: _____

Phone: _____

Male Female Age: _____ Adult (over 18) or Youth

Race/Ethnicity: African American Asian Hispanic Native American White Other

Did you attend camp last year? Yes No

Staff to Camper Ratio

Mark One	Ratio	Description
	1:1	Choose this option if camper requires hands on assistance with personal care needs or has behavioral needs that is addressed through a behavior support plan
	1:5	Choose this option if camper responds to verbal prompts for assistance and does not require physical assistance to complete Adult Daily Living Skills

Is the participant a recipient of Regional Center Services? Yes No

Regional Center's Case Manager's Name: _____

Case Manager's Phone: _____ Case Manager's Email: _____

Does the participant utilize any adaptive equipment or require special assistance? Yes No

If yes, please explain (Please attach additional page if needed): _____

Please fill in the names and dates of the Camp Week the participant requested to attend.

First Choices		Second Choices	
Type of Camp	Dates	Type of Camp	Dates
1.		1.	
2.		2.	
3.		3.	

Contact Information	Service Provider (if applicable)
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Email Address:	Email Address:
Phone:	Phone:

Name: _____

Method of Payment: (choose all that apply)

Week of Camp Total Cost:

1:1 \$925.00

1:5 \$750.00

Pay now with card Amount \$ _____
Card Number: _____ Type: _____ Exp: _____ CVC: _____

Parent/Guardian/Family Amount \$ _____
Name: _____ Phone: _____

Recreation Council Amount \$ _____
 St. Louis County St. Louis City St. Charles County

Department of Mental Health Amount \$ _____
Contact Person: _____ Phone: _____

Scholarship: _____ Amount \$ _____

Other: _____ Amount \$ _____

Deposit is \$200.00 per week of summer camp and must be included or form will not be accepted.

I am registering for a total of _____ weeks of camp.

Total Deposit Included: \$ _____

Please add me to the Sunnyhill mailing list to receive newsletters and solicitations.

Address: _____ Email: _____

Would you like to pre-order a Sunnyhill Adventures T-Shirt and have it waiting at check in? Yes No

Cost is \$15.00 per shirt

If yes, select the size needed: **Adult:** Small Medium Large XL XXL XXXL

Child: Small Medium Large

Mail completed form and deposit to:

Sunnyhill Adventures P.O. Box 246, Dittmer, MO 63023

Important Notes:

- *This deposit is applied to total camp fees.*
- *No registration will be accepted unless accompanied by deposit or guarantee letter from funding source.*
- *Balance of program fees are due 30 days prior to program start date.*
- *No refunds will be issued unless cancellation is made 30 days prior to program start.*