



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 (circle one): African American Asian Hispanic Native American White Other

Did you attend camp last year? Yes No

Staff to Camper Ratio

Mark One	Ratio	Description
<input type="checkbox"/>	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
<input type="checkbox"/>	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.

Note- the camp week of July 8-13 is NOT accepting 1:1's

1:1's for the week of July 1-6 is SOLD OUT

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: _____
Billing Street Address: _____ Billing Zip Code: _____

Check Number: _____ Amount \$ _____

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 (**please include payment with this form**)

If yes, size needed: **Adult** (circle one): Small Medium Large XL XXL XXXL

Child (circle one): 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.*