



# Camp Good Grief 2010 Camper Intake Questionnaire

Your Name \_\_\_\_\_

Your relationship to the camper(s): I am \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell: \_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

*\*Please note, this is how most of the communication will be delivered whenever possible*

Name of Emergency Contact (1) \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Emergency Contact (2) \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Telephone \_\_\_\_\_

Please list the camper(s) who will be attending:

Name	Birth Date	T-Shirt Size	Age	Gender
(Please indicate XS S M L XL in adult size)				

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Who was the person that died?

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

S/he was my \_\_\_\_\_

S/he was the camper's \_\_\_\_\_

Age of camper when death occurred? \_\_\_\_\_

Have the campers been told *everything* about the death?    ( ) Yes ( ) No

If not, what have they *not* been told? \_\_\_\_\_

Were the campers involved in the burial, funeral, or memorial service? ( ) Yes ( ) No

What other deaths or losses has your family experienced in the last 12 months?

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**Please Note: Deadline for applying is July 30, 2010**