



## Camp Casey Camper Application

Please return this form to:

333 W. 7<sup>th</sup> Street Suite 230 Royal Oak, MI 48067

or

programs@camp-casey.org

Camper Name	Birth Date	Age
Address		
City	State	Zip

Mother/Legal Guardian Name:	Home Phone	Cell Phone
Father/Legal Guardian Name:		
Contact Email:	Best time to call:	

Sibling Names and Ages:
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Has your family ever been served by Camp Casey in the past? If so, please select one:

☐ Cowboy Camp Out    ☐ Horsey House Call    ☐ Outlaw Outing

Camp Casey reserves the right to place families in the program for which they best qualify.

Please select the program your family would prefer:

**Cowboy Camp Out**    ☐ Double JJ Resort (Rothbury, MI)    July 10<sup>th</sup> -12<sup>th</sup>  
☐ Great Wolf Lodge (Traverse City, MI)    August 14<sup>th</sup>-16th

Diagnosis:

Diagnosis Date:

Remission Date (if applicable):

Hospital where receiving treatment:

Does camper or any potential participant have any special needs that Camp Casey should be aware of?

How did you hear about Camp Casey?

*Please note that submitting an application does not guarantee your family acceptance into one of Camp Casey's programs. Camp Casey's Program Director will be in touch no more than ten (10) days after receiving your application. Please visit our website at [www.camp-casey.org](http://www.camp-casey.org) for acceptance guidelines*