



THE ERIN RYAN O'GRADY
REGISTRATION FORM FOR CAMP GRIEF BUSTERS
JUNE 2 -3, 2012



Parent/Guardian Name:

Child's Name: Age:

Child's Name: Age:

Child's Name: Age:

Address: Apt #

City: State: ZIP:

Contact phone:

Email (for internal use only):

Name of Deceased:

Relationship to Child(ren):

Cause of Death:

Date of Death:

Important information you feel the Counselors should know about your child and/or family situation: (use back of sheet if needed)

Check for \$190 (per family) is enclosed. Please make check payable to Hearts & Crafts Grief Counseling.

I need to apply for a scholarship

I wish to donate \$ to help sponsor a family to camp

Mail this form with your payment to: Hearts & Crafts Counseling, 60 East Main Street, Ramsey NJ 07446

REGISTER EARLY: LIMITED ENROLLMENT - DEADLINE IS MAY 4TH
BECAUSE GRIEF IS NOT A MONSTER TO HIDE FROM

Please note: During Camp Grief Busters we may take photographs that may be published on our website or Facebook page. No last names will accompany any photographs. If you would like to restrict the publishing of for your family, please indicate here: Do not publish pictures of my family.