



A remarkable place. For remarkable people.

# Fall Weekend Camp Session Camper Registration Form

Please return forms to:  
Camp Summit  
17210 Campbell Rd.  
Suite 180-W  
Dallas, TX 75252

If you wish to attend a weekend session, complete this form and return it to the Dallas office, along with the camp fee. Weekend camp sessions are limited in space so please return your registration form as soon as possible. If a camper DID NOT attend a 2009 summer camp session, an application and medical form must be completed in addition to this form. Please contact the Dallas office at 972-484-8900 to request an application and medical form.

CAMPER NAME \_\_\_\_\_ DISABILITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ YES, I would love to attend the following session:

- \_\_\_\_\_ September 25 - 27      Family Weekend      6:00 p.m. Friday through 1:00 p.m. Sunday  
    \$65 per person      Please send me supplemental forms.
- \_\_\_\_\_ October 2 - 4      Young Teen Inclusion      6:00 p.m. Friday through 3:00 p.m. Sunday  
    \$225 per person      Physically and/or Developmentally Delayed  
    (ages 6-18) Plus friends or siblings
- \_\_\_\_\_ October 23 - 25      Adult Developmentally Delayed #1 (ages 19 and up)      6:00 p.m. Friday through 3:00 p.m. Sunday  
    \$225 per person
- \_\_\_\_\_ November 6 - 8      Adult Physically Challenged (ages 19 and up)      6:00 p.m. Friday through 3:00 p.m. Sunday  
    \$225 per person
- \_\_\_\_\_ November 20 - 22      Adult Developmentally Delayed #2 (ages 19 and up)      6:00 p.m. Friday through 3:00 p.m. Sunday  
    \$225 per person
- \_\_\_\_\_ December 5      Day of Respite      10:00 a.m. - 5:00 p.m.  
    \$30 per person      Please send me supplemental forms.

\_\_\_\_\_ Enclosed is my registration fee

\_\_\_\_\_ Please bill the following organization

Organization \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Please bill my credit card

Print Name \_\_\_\_\_  Visa  Mastercard  Discover  
Card Number \_\_\_\_\_  
Signature \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ Amount \_\_\_\_\_

- \_\_\_\_\_ You do not have my 2009 application on file. Please send me one.
- \_\_\_\_\_ You have my 2009 application on file and there are no changes.
- \_\_\_\_\_ You have my 2009 application but attached are changes I need to make.

---

## FOR OFFICE USE ONLY!

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Entered on Computer \_\_\_\_\_ Billing Confirmed \_\_\_\_\_  
Billed \_\_\_\_\_