

Providing Therapeutic Programs for Individuals with Autism Emphasizing Strengths. Realizing Potentials.

INITIAL REGISTRATION FORM 2017/2018

Camper Name:	Age at camp:
Please list all family members who will attend camp and their ages:	
Mailing Address:	
Home Phone: E-mail address:	Mobile:
Please indicate which camp you are interested in:	
Have you included your deposit of \$250? Yes No	

Please return all forms & deposits to: **Kris' Camp**757 West Pine Ave
St George Island, FL 32328
kberger62@gmail.com.

Please let us know if you have any questions. Kathy can be reached at 850-445-4821 or kberger62@gmail.com. Thank you!