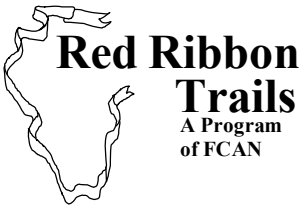


Please PRINT and provide all information requested.



Family Application

(check one)

Spring Retreat *Summer Camp*

A	D	I
P	C/NS	S
For office use only		
Retreat/Camp Dates:		

FAMILY NAME

All information will be held **confidential** and used only for the camper selection process and reporting purposes. Names and contact information will not be used for reporting purposes. Please fill out this form and list all names of family members who will be attending the retreat/camp. Please remember that **submitting an application does not guarantee an invitation to the retreat/camp.**

Household Headed By:

(please check one)

Mother & Father Mother Father Other Caregiver _____

(please specify)

Grandmother Grandfather

Monthly Income Range

(please check one) *Acceptance is **not** based on household income range

\$250 - \$500 \$501 - \$750 \$751 - \$1000 \$1001 - \$1250
 \$1251 - \$1500 \$1501 - \$2000 \$2001 up

FAMILY MEMBERS APPLYING TO ATTEND THE RETREAT/CAMP

Parent(s) or Legal Guardians

Age

Gender

Relationship in Family

Children living in the same household of the above parent(s) or guardian(s)

Children

Age

Gender

Relationship in Family

FAMILY MAILING ADDRESS: Please provide a **complete address**

Address:		Apt.	
City:		State	IL
Zip Code:			
Phone:		Cell:	
<small>Area code</small>		<small>Area code</small>	
E-mail Address:			
HIV Case Manager:			
Agency:			
Phone Number:		Ext.	
<small>Area code</small>			

How did you hear about Red Ribbon Trails? _____

