

# **IDHV 2015 Family Camp Registration**

**August 28-30<sup>th</sup>      Arrive at 4pm, Leave at 11am Sunday**

Family Name		Phone	
Address		Email	

Attendee Names	Kids age	T-size Y- S,M,L A- S,M,L,XL,XXL	Hearing, HH, Deaf	Communication ASL, SEE, Cued, Oral

### Mark Box of Special Needs Requests

Must have electricity in sleeping cabin		Need interpreter for: (ASL, SEE, Qued, Spanish)
Must have bathroom connected to sleeping cabin		Special Diet, explain:
Need wheelchair access		Need medication refrigerator

Please return this form and a check for \$100 (payable to: IDHV) to reserve your **FREE** spot. You will be notified by email or phone **if you are not one of the first 40 people to sign up.** At that time you can be put on a waiting list in case someone cancels or you can pay \$110 per person. Every \$110 donation will open a spot for another person to attend for free. If you are able to even pay for one person in your family it would be greatly appreciated!

**We want to keep cost as low as possible so as many people as possible can attend.  
If you do not show for camp then we will keep your \$100 reservation check.**

For questions: go to [www.idhandsandvoices.org](http://www.idhandsandvoices.org)  
 or email: [6idahoins@gmail.com](mailto:6idahoins@gmail.com)  
 or call: 208-640-3802  
 info on camp ground: [www.paradisepoint.org](http://www.paradisepoint.org)

Mail registration to:  
 Alyssa Frahm  
 3516 W. Pineridge Dr.  
 Coeur d'Alene, ID 83815