

forMemory, Inc

*Building Hope in Early Onset Cognitive Changes,
Alzheimer's, and Related Challenges*



Time for Us 2017 Camp Adult Registration Form June 11 to 16th **Located within Bethel Horizons Camp 4651 Cty Rd ZZ, Dodgeville, WI 53533**

Adult registration form. This form may be copied.

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____

Work Phone _____ E-mail _____

In emergency, notify _____

Relationship _____ Contact Phone #'s _____

Your interest in attending *Time for Us* _____

Please provide some information on your experiences which may be helpful to our camp.

Cost: Adult housing with meals \$245 Sunday to Friday. Scholarships available.

Bethel Horizons Program participation fees may be extra.

I am interested in a partial stay. Days desired: _____

I would like transportation assistance _____ to and/or _____ from camp.

I understand that additional Time for Us/Bethel Horizons camp registration forms will be sent to me and will need to be submitted to Christine VanRyzin.

Adult Consent: I hereby certify that

____ I give permission to be transported to and from all camp activities, outings and field trips on and off Bethel Horizons camp grounds.

____ I understand the need for me to cooperate with Camp officials and I know that failure to abide by established rules may result in loss of privileges or in being required to leave.

____ In case of emergency, I give permission to forMemory/Time for US authorized representative to secure appropriate medical treatment, release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself. I hereby give permission to the physician/hospital selected to administer appropriate medical/hospital treatment for myself.

Signature _____ Print _____ Date _____

Media Release: I consent to allow photographic and/or video images of camper to be used in future promotional materials.

Signature _____ Print _____ Date _____

To: forMemory, Inc Christine VanRyzin cbvanryzin@gmail.com
821 W. Browning St., Appleton, WI 54914 920-734-9638 FAX: call ahead

Or: Alzheimer's & Dementia Alliance of WI 517 N. Segoe Road #301, Madison, WI 53705
Phone: 608-232-3400 FAX 1-608-232-3407