



# CAMP RAY OF HOPE Registration Form

Thank you for joining us for Camp Ray of Hope! To register, please complete this form and return it with a non-refundable deposit of \$25.00. Your deposit will be applied towards your registration fee.

**The balance is due by June 15, 2023. If cost is a barrier for you,** please reach out to us by contacting Jillian at 873-3615 ext. 11 or at JRoy@hvwa.org.

First & Last Names of Individual(s)	Date of Birth	Relationship to deceased
1. _____		
2. _____		
3. _____		
4. _____		

*(please use separate sheet if additional space is needed)*

## Contact Information

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact (Name, Phone Number, Relationship to you): \_\_\_\_\_

## Tell us about the loved one you're remembering during your visit:

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

## Are there any camper concerns or special needs? If so, please describe below:

## Payment Information: please choose between enclosed payment or card.

Enclosed is \$\_\_\_\_\_ for my registration. Make checks payable to **Hospice Volunteers of Waterville Area**

Please charge \$\_\_\_\_\_ for my registration to my:  Visa  Mastercard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will **not** be attending but wish to cover registration costs for an individual or family.

Enclosed is a \$\_\_\_\_\_ donation.

Mail all information to: **Hospice Volunteers of Waterville Area**  
**304 Main Street, Waterville, ME 04901**