



# The Kansas Jaycees' Cerebral Palsy Ranch

**DIRECTIONS: KEEP THIS PAGE FOR YOUR RECORDS.**

**RETURN THE NUMBERED PAGES 3-9 AND PAGE 12(MORE THAN ONE STAMP)**

**Please return applications to the following address:**

**Make sure you include the following:**

**Kansas Jaycees' Cerebral Palsy Ranch**  
**P.O. Box 267**  
**Augusta, KS 67010**

\_\_\_\_\_ **Current Photograph**  
 \_\_\_\_\_ **Physicians Report**  
 \_\_\_\_\_ **Deposit or Fee**

The actual program cost per camper is \$1200. However, we only ask campers to help us come up with a camper-ship fee of \$625 (sliding fee) if attending a full week. \$40.00 per family for Family Fun! If you cannot afford \$625.00, we request that you:

- **Send \$100 from any source AND....**
- **Participate in the Camp fundraiser – you are asked to get at least 6 people to purchase....**
- **AND** approach friends, family, civic org. or businesses in your community to raise the remaining camper-ship fee ....
- **OR if you are on a state waiver and self direct pay**, declare us your attendant for the week and send the appropriate paperwork with your application.

We rely entirely on the financial gifts we receive, we need your continued assistance in finding organizations, businesses, and individuals to make donations and sponsor campers or we will not be able to continue the camping program. **It is vital that you participate in funding your part to get to camp.**

**You can pay for the cost in full, or in monthly installments. A non-refundable deposit of \$100.00 is required for reservation for your camper; this has to be sent in prior to arrival.**

**List payment schedule and all funds (including funding sources) that you expect will be available for your camper-ship.**

**ALL APPLICATIONS MUST BE IN BY Friday, MAY 5, 2006. If the session is not full, we will accept application no less than 2 weeks prior to the arrival date. TO GET THE WEEK YOU WANT – GET YOUR APP IN EARLY.**

**Make sure applications are completed fully. Incomplete applications will be returned.**

**Make checks/money orders payable to: Kansas JC Cerebral Palsy Ranch. We also accept MasterCard, Visa or American Express.** One check/money order for T-shirts, pictures, and fees to the camp is fine. Please list totals for each item in memo.

You will be sent confirmations and further information approx. 3 weeks prior to the week you will attend camp telling you what to bring, what time to arrive, directions, etc

**If we are not able to assign a camper to your first choice week, you will receive your second choice. Please do not add your second choice if you absolutely know the date will not work for you. We look forward to seeing you this summer!**

## 2006 Camping Schedule

*Mark your choices here for your own records.*

**First choice week** \_\_\_\_\_ **Second choice week** \_\_\_\_\_

*We accept almost any type of disability & don't discriminate on the basis of sex, race, religion, or creed.*

Week	Date	Age	Theme	Week	Date	Age	Theme
	May 21 - 26		Staff & Volunteer Training	**5	June 25 - 30	5 - 11	CAMP IMAGINATION
1	May 28 – June 2	25 & Up	E. I. E. I. O.	6	July 9 - 14	12 - 20	SLIME, GRIME & GOOPOLOGY
2	June 4 - 9	21 & Up	FIT 'N IN	7	July 16 - 21	21 & Up	EARTH, WIND, FIRE & WATER
3	June 11 - 16	21 & Up	SUMMER SAFARI	8	July 23 - 28	25 & Up	ALOHA!
*4	June 16 - 18	ALL	FAMILY FUN!				

**\*SESSION 4 – IS FOR FAMILIES ONLY..** there will be a core staff to guide families through activities – you must fill out the application for your camper **AND** the additional family camp form on **page 9**.

The cost is \$40.00 per family (up to 4) \$5.00 for additional persons.

**\*\*SESSION #5 – IS BRING A FRIEND - NO COST FOR THE FRIEND – HOWEVER.... WE MUST HAVE AN APPLICATION AND PHYSICAL ON THE FRIEND**

## Program Information

The purpose of the Kansas Jaycees Cerebral Palsy Ranch is to provide a program that allows individuals to enjoy their highest level of functioning and independence, consistent with their abilities, in a summer camp setting. Founded in 1964, it is one of few such facilities in Kansas serving those with a wide range of disabling conditions and provides an opportunity to improve their quality of life through discovery and/or enhancement of social, recreational, and educational life skills.

The CP Ranch has provided thousands of disabled individuals with their first opportunity to discover they can get along without mom & dad or their caregiver, they can compete & win, they can overcome their fears of new things, they can make new friends, and they can feel good about themselves because they gave it their all. We focus on each camper's ability which makes their disability minimal.

Campers are encouraged to take part in activities adapted to help them gain confidence and appreciate the value of trying. With the help of counselors and volunteers, campers enjoy a wide variety of pursuits. Some of the camp activities include horseback riding, arts & crafts, swimming, fishing, canoeing, paddle boating, nature study, sports & games (includes miniature golf), cookouts, hayrack rides, dramatics, dances, and archery & BB guns if instruction is available. There is also a wide variety of special events like talent shows, dances, karaoke, and more.

Situated on 151 acres of woods and meadows, the Ranch includes a 28-acre lake. Buildings and activity areas are specially designed for the physically disabled and campers stay in air-conditioned dorms. Other facilities include a dining hall/kitchen with storm shelter, rustic lodge, recreation pavilion, swimming pool, boat dock, horse and tack area, and playing fields.

Trained counselors and volunteers assist campers as much or as little as needed. Our policy is to accept no more than 2 campers per week per counselor/volunteer to give each camper as much attention as possible. We have a licensed medical provider on staff to supervise all meds and help with other medical needs.

**Who is appropriate to attend camp?** We accept many disabilities both mental and physical. However, we are generally not able to care for campers who require constant one-on-one care. We can successfully care for a very limited number of campers per week (1 or 2) with high physical mobility and lower mental capacity that must be constantly watched (wanderers). Campers who have a good chance of exhibiting violent behavior at camp are also not appropriate. Due to the seasonal nature of our work, our staff is not trained in Mandt behavior system. We do have trained staff that check campers, change diapers, and re-position at night. Campers who require regular medical attention throughout the night are limited due to our capacity for one room units. Although our staff is trained in preventing disease transmission, campers with a known communicable disease are generally requested not to attend. Also, campers with "frail" health who cannot participate in most activities are not appropriate either, as most campers will receive **much** more physical and mental stimulus due to all the activities and the group living arrangements at camp than they are accustomed to. We do want to make it clear that the sleeping arrangements are group living, and this is an active summer camp, we are not a Hotel and camp usually has critters every once in a while. Our goal is for Kansan's who are disabled to have the best experience and care possible at camp therefore we do our very best do minimize risks and have a safe camp experience for everyone.

Special note: if you would like to send a caregiver with the camper who will do overnight medical care or provide one-on-one care if needed, we will work with you to accomplish this.

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### Questions?

Call the office at 316-775-2421. If no one is available please leave your message on the machine. You may also email us with the addresses listed on the reverse side of this page or visit our website at [www.cpranch.org](http://www.cpranch.org). If you need to contact a camper or camp staff during camping season, please call 316-775-2421.

If you would like to send a letter to a camper while attending camp or to the camp staff, you can send it to: P.O. Box 267, Augusta, KS 67010. We will have a drop box for letters when you drop off your camper for the week as well.

**2006 Physician's Report**  
**KANSAS JAYCEES' CEREBRAL PALSY RANCH**  
**Send to: P.O. Box 267, Augusta, KS 67010 (316) 775-2421**

**No camper will be allowed to attend camp without some type of Physician's Report completed in the current year on file with the camp! No exceptions will be made!**

May be sent separately but MUST BE RECEIVED PRIOR to your camping session.

**Applicant** \_\_\_\_\_ **Camp date** \_\_\_\_\_

*(Be sure name is filled in)*

**Disability** \_\_\_\_\_

Applicant subject to seizures ( )yes ( )no  
Description, instructions, warnings:

List all medications and dosages (*campers will be participating in different physical activities and receive more stimulus than they may be accustomed to. We request that no changes to the camper's medication be made immediately before camp to minimize their health risk*):

**We must give medication as prescribed on the bottle, unless a copy of the medication order from the prescribing physician including the camper's name, date, name of medication, and specific changed instructions on when and how to take the medication is included.**

List all allergies:

List restricted activities or other remarks:

Tetanus immunization date \_\_\_\_\_

**The above named applicant is free from any contagious or infectious condition on this report date.**

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of clinic

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP



# The Kansas Jaycees' Cerebral Palsy Ranch

Submit to the Ks. JC Cerebral Palsy Ranch at PO Box 267, Augusta, KS 67010

*Applications will be returned if not fully completed.*

<b>For Office Use Only</b> Rcvd.
Cmpr. funds \$ _____
Tsht? _____ Photo _____ Waiver _____

Applicant Name \_\_\_\_\_ Nickname \_\_\_\_\_

Phone \_\_\_\_\_ Has camper attended camp before? Yes No If so, when? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address, if available \_\_\_\_\_

Camper disability(s) \_\_\_\_\_

Camper uses wheelchair: electric \_\_\_\_\_ manual \_\_\_\_\_ Camper prone to wandering unsafely \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Approx. Height \_\_\_\_\_ Approx. Weight \_\_\_\_\_

Ethnicity: \_\_\_ African Am. \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native Am. \_\_\_ White \_\_\_ Other- \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

(Address where confirmation should be sent, if different from above)

Applicant's present housing (private, foster, nursing home, group home, institution) \_\_\_\_\_

If group home or institution, name of home \_\_\_\_\_

**Homes sending groups of four or more first-time campers during one week MUST to send a staff volunteer.**

Except for the above-described situation, campers are encouraged to attend camp without caregivers so they will get a chance for more interactions between the staff and other campers as well. If you still feel it is necessary for a caregiver to attend camp for part or all of the week, or for group homes sending four or more first-time campers during one week, or if caregivers want to volunteer to work with other campers, a volunteer application is necessary.

Volunteer name: \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## 2006 Camping Schedule

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**\*\*SESSION #5 – IS BRING A FRIEND - NO COST FOR THE FRIEND – HOWEVER.... WE MUST HAVE AN APPLICATION AND PHYSICAL ON THE FRIEND** *Minimum age is 5 yrs.*

**I AM COMING WITH A FRIEND / GROUP – PLEASE PLACE ME IN THE SAME SESSION AS:**

## Parent/Guardian Information

All items requiring camper/parent/guardian signatures are on this page.

*If parents are not living in the same residence, please indicate which is custodial parent or guardian.*

Parents name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fathers employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mothers employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Contact Information

Person/agency legally responsible for Applicant: \_\_\_\_\_

Contact person's name if agency: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate phone number for contact: \_\_\_\_\_

## Other Emergency Contacts

Will parent/responsible party be out of town during camp session? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Other contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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## Authorization to Administer Prescription Medication and for Emergency Treatment

I give the Kansas Jaycees Cerebral Palsy Foundation Camping Program my permission to administer medication for the camper named below while he/she is attending camp. I further give permission to secure needed emergency medical treatment by the physician selected by the camp, including x-rays and routine tests. In the event I cannot be reached in an emergency, I authorize the physician selected to hospitalize, secure proper treatment for, and order administration of anesthetics and/or the performance of any type of emergency surgery in a licensed medical facility on behalf of the camper named below. I acknowledge that the medical history listed is correct so far as I know, and the camper below described has permission to engage in all prescribed camp activities except as noted by me below or by their physician.

Print name \_\_\_\_\_ Print name \_\_\_\_\_

Person legally responsible for camper: parent, guardian, camper, or agency rep. \_\_\_\_\_ Name of camper \_\_\_\_\_

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

Person legally responsible for camper: parent, guardian, camper, or agency rep.

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## Authorization to Obtain and Release Camper Audio Visual Information

The Ks. Jaycees' Cerebral Palsy Foundation and its affiliates are given permission to utilize

\_\_\_\_\_ Camper's name

in the production of motion pictures, videotapes, photographs, and audiotapes in relation to the camping program. I also authorize the public dissemination of the material as deemed advisable by said organization for educational, promotional and research purposes. The names of the participants will not be used in any material.

\_\_\_\_\_  
Signature of Camper, Parent or Guardian

\_\_\_\_\_  
Print name of person signing

\_\_\_\_\_  
Date

\*\*Without this signature release we will be unable to process your registration\*\*

## Behavior and Abilities

Someone providing direct care for the camper should fill out this section. The more completely this section is filled out and the more information we have, the better we will be able to care for the camper.

### General

Reads ( ) Writes ( ) Hearing loss ( ) Hearing aid ( ) Visual loss ( ) Glasses ( )

Special communication method ( ) Describe \_\_\_\_\_

### Mobility

Walks ( ) Cane ( ) Crutches ( ) Braces ( ) Wheelchair--electric ( ) manual ( )

Info we should know about wheelchair & use \_\_\_\_\_

If braces, can they be removed? ( ) Yes ( ) No When \_\_\_\_\_

Transfer assistance needed? \_\_\_\_\_

Dresses self ( ) Assistance needed \_\_\_\_\_

### Meals

Feeds self ( ) Special eating utensils ( ) Describe \_\_\_\_\_

Needs some assistance at meals ( ) \_\_\_\_\_ Requires total assistance at meals ( )

Special difficulty eating \_\_\_\_\_ Special diet \_\_\_\_\_

If appetite not good, favorite foods or tips for eating \_\_\_\_\_

**Known allergies or sensitivities** ( ) caffeine ( ) chocolate ( ) milk ( ) latex ( ) \_\_\_\_\_

### Sleep patterns

Rises at \_\_\_\_\_ Retires at \_\_\_\_\_ Sleeps well ( ) If not, explain \_\_\_\_\_

Takes naps ( ) Tendency to wander at night ( ) Talks or makes noises in sleep ( )

Special needs or suggestions to get camper to sleep \_\_\_\_\_

Needs turned or positioned at night ( ) How often \_\_\_\_\_ Needs isolation room to sleep? ( )

Wets bed ( ) Please be aware that if applicant has a repeated problem with bed wetting at camp, we will use diapers if not already in use.

Needs to be awakened to use bathroom at night ( ) How often? \_\_\_\_\_

Camp beds are regular twin beds. Does camper need side rails? ( ) Can camper sleep on upper bunk? ( )

### Bathroom patterns

Indicates need to toilet ( ) Needs assistance in toileting ( ) If so, how? \_\_\_\_\_

Diapers ( ) Scheduled toileting ( ) If so, when? \_\_\_\_\_

Suggestions for helping camper to toilet \_\_\_\_\_

Catheter ( ) Does applicant maintain? ( ) yes ( ) no Urostomy ( ) Does applicant maintain? ( ) yes ( ) no

How often are BM's \_\_\_\_\_ Suppositories ( ) Laxatives ( ) Enemas ( )

Problems w/constipation ( ) Diarrhea ( ) Remedies \_\_\_\_\_

Assistance needed with showering \_\_\_\_\_

Assistance needed with teeth brushing? ( ) Assistance needed with shaving? ( ) Other \_\_\_\_\_

Female apt to have her period at camp ( ) Assistance needed with feminine hygiene ( ) \_\_\_\_\_

Campers with special routines for personal care need to come with at least two copies of the routine in detail for our staff.

We can only provide the best level of care as the instructions you provide us in writing.

### Behavior patterns

Afraid of loud noises ( ) Afraid of animals ( ) Explain \_\_\_\_\_

Afraid of water ( ) Able to swim ( ) Needs help swimming ( ) Explain \_\_\_\_\_

Other specific fears ( ) Describe \_\_\_\_\_

Group living problems \_\_\_\_\_

Stubborn ( ) How? \_\_\_\_\_

Temper tantrums ( ) **How should they be handled?** \_\_\_\_\_

**Additional Information**—list behavior tips, consequences for misbehavior, limitations, goals, likes & dislikes, etc.

## Medical History

Please indicate if applicant has had any of the following or has had a negative reaction.

Frequent ear infections ( )	Hay fever ( )	Chicken pox ( )
Heart defect/disease ( )	Ivy poisonings ( )	Any form of Measles( )
Insect stings ( )	Diabetes ( )	Penicillin ( )
Mumps ( )	Bleeding/clotting disorder ( )	Asthma ( )

Seizures ( ) Yes ( ) No    If yes, describe \_\_\_\_\_

Frequency of seizures \_\_\_\_\_

**Immunization History:**    Required immunizations must be determined locally. Please record the date (month/year) of basic immunizations, if known, and most recent booster doses.

	Date of Immunization	Date of Booster
Tetanus	_____	_____
Diphtheria, whooping cough	_____	_____
Oral polio	_____	_____
Measles (red measles)	_____	_____
Mumps	_____	_____
German measles	_____	_____
Tuberculin test given	_____	_____

## Insurance Information

Camper has hospitalization and medical coverage. ( ) yes ( ) no

Insurance company \_\_\_\_\_

Policy no. \_\_\_\_\_ Group no. \_\_\_\_\_ Medical card no. \_\_\_\_\_

## Meds

**Please note:** All medications taken by campers while at camp must be in a properly labeled container or unit dose bubble pack (preferred). **The label must be from the pharmacy** and should include the camper's name, date, name of medication, and specific instructions on when and how to take the medication. **Medication planners will only be acceptable if accompanied by labeled bottles containing at least one pill/bottle.** The camper will be sent home if he/she does not have at least one pill in the original bottle from the pharmacy or in the bubble pack. We must give medication as prescribed on the bottle, unless a copy of the medication order from the prescribing physician including the camper's name, date, name of medication, and specific changed instructions on when and how to take the medication is included. We prefer that you use unit dose bubble pack or ask your pharmacy to give you a separate labeled bottle for the medication you will send to the camp.

Please list camper's meds/med schedule as given at this time. We know meds are subject to change, but this will help our RN prepare prior to camp. Please note camp breakfast meds are given at 8 AM, lunch meds at noon, dinner meds at 5:30 PM, and bedtime meds at 9 PM. Other times observed if absolutely necessary.

<u>Time</u>	<u>Med</u>	<u>Dosage</u>	<u>Purpose (if known)</u>
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**List normal camp activities that camper does not have permission to engage in:**

## Level of Functioning

Does camper need assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

Please circle one best choice from each column to describe camper.

### Cognitive Ability

- 1 - No mental impairment
- 2 - High Functioning level (Mild MR)
- 3 - Intermediate Functioning (Educable, TMH high)
- 4 - Low or Unknown Functioning (Severe MR, TMH low)

### Physical Mobility

- A - No Physical Disability
- B - Mild Physically Disabled (Walks, difficulty)
- C - Intermediate Physically Disabled (Walker, cane, wheelchair)
- D - Severely Physically Disabled (Total care)

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## General Permission & Press Releases

I agree to permit the camper (myself) to participate in all activities except as specified on this application by me. The CP Ranch has my permission to photograph and videotape my camper (myself) during the week. I understand the photographs & videotapes are for promotional purposes only. I also understand that my camper's (I) address will be given to other campers & staff at the end of my stay.

Please note that this permission form must be signed or the camper will not be allowed to attend camp or participate in activities or camp pictures.

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

Copies are sent home with you at the end of the week and the best picture is emailed to your local newspaper along with an article about your camper's week here. This not only highlights your camper's accomplishments, but also helps raise awareness of our camping program and **assists with funding for the Ranch**. Please fill in the spaces below with at least the name of your local paper or the paper closest to you who may print an article about your camper to help speed up the process.

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Newspaper

Contact person if known

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Address or phone/Email/website address (if known)

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## Camper Volunteers

Camper Volunteers is a relatively new program for our campers that love summer camp and like to help others. Camper volunteers should be able to take care of themselves (showering, dressing, etc). They need to be reasonably responsible, mature and have a positive attitude. Duties may include pushing wheelchairs, passing out meal trays and drinks, helping campers participate in activities, running errands, minor cleaning, and dishes in the evenings. We will still need camper volunteers to submit camper-ship funds. Although we would like to let them attend for no cost, we constantly struggle to keep the Ranch running. We do request that the camper assist us in paying for as much of the fee as possible as our costs to operate camp remain constant.

Camper would like to be a Camper Volunteer \_\_\_\_\_. Camper Volunteers will receive more information and expectations with their confirmation notices.

**As with all campers, camper volunteers can only attend camp for one week every summer.**

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## FEES

*Make checks/money orders payable to Ks. JC Cerebral Palsy Ranch.*

*One check/money order for all fees to the camp is fine. Please denote totals for each item in memo.*

**For the regular one week session**, the actual program cost per camper is \$1200. However, we only ask campers to help us come up with a camper-ship fee of \$625 (sliding fee scale). **The Fee for the Family Camp** is \$40.00 for a family of 4 and \$5.00 for any additional members. We encourage campers to pay what they can. **If you cannot afford the camp fee, we request that you send a minimum of \$100 from any source AND approach friends, family, civic organizations or businesses in your community to raise the remaining camper-ship fee OR if you are on a state waiver and self direct pay, declare us your attendant for the week and send the appropriate paperwork with your application.**

### Camper Fundraiser For The Ranch

On page 7... You will find the Current Fundraiser Letter – please sign the original, make many copies and try to accomplish a goal of **at least** 6 buyers. You do not collect any money, you do not have to deliver any product .... The people that are purchasing from you simply go to the internet and order on-line. **AGAIN – SIGN YOUR NAME, MAKE THE COPIES, AND HAND THEM OUT.**

### Fund Your Way To Camp!

Your help is needed to make the camping season possible. It is your responsibility and duty to find the necessary funds to help secure your place at camp. You should ask businesses in your area (such as parent’s place of employment, your doctor or dentist, local businesses), organizations (civic or church) or persons (relatives, neighbors) if they would help you get to camp by giving you a tax-deductible donation.

***On Page 6...You will find one page of tax-deductible donation receipts- I encourage you to copy this page and give to all who give help you get to camp!***

Please list funds & source enclosed for camper-ship: \$ \_\_\_\_\_

Funds & sources expected: \$ \_\_\_\_\_

We are now accepting Credit Card Payments - Total Amount to be credited: \$ \_\_\_\_\_

Credit Card Payment Method:     American Express         Visa                     MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_/\_\_/\_\_\_\_ (MM/YYYY)

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**\*\*\*\*\*FAMILY CAMP (only fill out this section if applying for Session # 4) \*\*\*\*\***

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1. _____	_____	4. _____	_____	7. _____	_____
2. _____	_____	5. _____	_____	8. _____	_____
3. _____	_____	6. _____	_____	9. _____	_____

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### **Camp T-shirts & Group Photos**

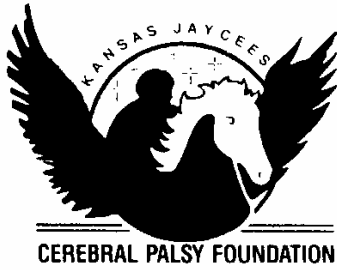
- Camp group photos will be available for \$5
- T-shirts will be \$12

To guarantee T-shirt availability, please **pre-pay and circle your size.**

(Youth)    M    L    (Adult) Small    Med.            Large            XL            XXL            XXXL

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The Kansas Jaycees' Cerebral Palsy  
Foundation, Inc.  
P.O. Box 267  
Augusta, Kansas 67207  
316.775.2421  
<http://www.cpranch.org>  
[exccdirector@cpranch.org](mailto:exccdirector@cpranch.org)

Dear Friend,

I'm fundraising to help the Kansas Jaycees' Cerebral Palsy Ranch in Augusta, Kansas. You can help me reach my goal simply by ordering online from Current Fundraiser. It's easy to do, you can choose from lots of fun and practical products, and 50% of your total purchase goes directly to help me get to camp!

Just follow these easy steps:

Log on to the Internet at:

<http://www.currentfun.com>

Shop to your heart's content. You can choose from loads of reasonably priced cards, gift wrap, gifts, candy and treats, even popular magazine subscriptions. Look for special fundraiser Internet offers, too.

When you check out, select:

State: **Kansas**  
Organization: **The Kansas Jaycees' Cerebral Palsy Foundation**  
City: **Augusta**  
Participant #: **000002**

Submit your *secure order* (using your credit card for payment). Your purchase will be shipped directly to you.

Enjoy your top-quality *Current* products, while you help me meet my fundraising goal!

Thanks for helping!

**P.S. 50% of your total order is TAX DEDUCTIBLE – so make sure you keep your receipt.**

**Camper –if you ask for help from individuals, businesses or civic groups.. don't forget to give them one of these forms so that we can credit your efforts.**

**CAMPER SPONSORSHIP PROGRAM**

Make checks to: KS Jaycees' Cerebral Palsy Ranch, PO Box 267 Augusta, KS 67010

\_\_\_ \$100 Camper Club                      \_\_\_ \$300 Counselor Club  
\_\_\_ \$600 Camp Jaycee Club              \_\_\_ \$1200 Camp Director's Club  
\_\_\_ \$3000 Board of Director's Club    \_\_\_ Other-\$ \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**Thank you for your generous support!**

**Because of the camper, we exist.....**  
**Because of you, we can continue to change lives –**  
*Over 40 Years of Creating Memories To Last A Lifetime!*

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Make checks to: KS Jaycees' Cerebral Palsy Ranch, PO Box 267 Augusta, KS 67010

\_\_\_ \$100 Camper Club                      \_\_\_ \$300 Counselor Club  
\_\_\_ \$600 Camp Jaycee Club              \_\_\_ \$1200 Camp Director's Club  
\_\_\_ \$3000 Board of Director's Club    \_\_\_ Other-\$ \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**Thank you for your generous support!**

**Because of the camper, we exist.....**  
**Because of you, we can continue to change lives –**  
*Over 40 Years of Creating Memories To Last A Lifetime!*

**CAMPER SPONSORSHIP PROGRAM**

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\_\_\_\_\_  
*Signature*

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**\*\*CAMPER...Make SEVERAL copies of this form,  
CUT THEM AND GIVE THEM OUT!!!\*\***

**\*\* RETURN SURVEY W/ APPLICATION PAPERWORK – THANK YOU\*\***

**Please circle the appropriate letter**

1. How many activities have you done with others in the last week?  
(A) NONE  
(B) 1-2  
(C) 3-4  
(D) 5+
  
2. How many people have you had a conversation with in the last week?  
(A) 1-3  
(B) 4-7  
(C) 8-9  
(D) 10 +
  
3. How many recreation activities have you participated in during the last week?  
(A) NONE  
(B) 1-2  
(C) 3-4  
(D) 5+
  
4. This week I relied on others \_\_\_\_\_% of the time.  
(A) 0%  
(B) 25%  
(C) 50%  
(D) 75%  
(E) 100%
  
5. This week I was able to help myself and others \_\_\_\_\_% of the time.  
(A) 0%  
(B) 25%  
(C) 50%  
(D) 75%  
(E) 100%

**PLEASE RATE THE FOLLOWING ON A SCALE OF 1 TO 10**  
**1 BEING A LITTLE AND 10 BEING A LOT**

6. Ability to cook  
(a little) 1 2 3 4 5 6 7 8 9 10 (a lot)
  
7. Ability to make bed  
(a little) 1 2 3 4 5 6 7 8 9 10 (a lot)
  
8. Ability to clean up (take out trash, sweep, dust etc....)  
(a little) 1 2 3 4 5 6 7 8 9 10 (a lot)
  
9. I feel like I contribute to the environment around me  
(a little) 1 2 3 4 5 6 7 8 9 10 (a lot)

Ks. Jaycees' Cerebral Palsy Ranch  
P.O. Box 267  
Augusta, KS 67010



### Questions?

Call the office at 316-775-2421. If no one is available, please leave a message and we will get back to you....

Or **EMAIL** SamCat (Sara) the camp director at [campdirector@cpranch.org](mailto:campdirector@cpranch.org)

OR Buddy (Cheryl) the Executive Director at [execdirector@cpranch.org](mailto:execdirector@cpranch.org)

OR **WRITE** to P.O. Box 267, Augusta, KS 67010

If you need to contact a camper or camp staff during camping season, call 316-775-2421.

**If you would like to send a letter** to a camper while attending camp or to the camp staff, send it to P.O. Box 267, Augusta, KS 67010 **or you can drop off your letter when you drop off your camper** on Sunday.