

CAMP RISE – Resiliency is Supporting Everyone

2019 Camp Application



Complete this form by typing or printing legibly.

Please submit ONE form per family. You may download additional forms at www.tulsacampfire.org/CAMPRISE. Return signed form to:

CONFIDENTIAL

Camp Fire Green Country, ATTN: Camp RISE
706 S. Boston Ave. Tulsa, OK 74119

Phone 918-592-2267

DEADLINE FOR APPLICATION: 15 April 2019

1. Adult Camper Contact

Name

Address

Phone Number

Alternate Phone Number

Email

Employer Name and Contact Information

Who referred you to Camp Rise? (Name and Contact Information)

2. Camper Information

To qualify, you must include at least one youth 8 years old or older who is able to participate in the full camp experience.

NAME	GENDER	AGE	RELATIONSHIP TO ADULT CAMPER COMPLETING APPLICATION	T-SHIRT SIZE

3. Family Information

How do you think you and your family will benefit by attending Camp Rise? Please provide as much detail as possible.

What circumstances do you want the review committee to know about your family?



What other activities will your family participate in this summer? (i.e. family vacations, church camp, vacation bible school, school programs)

If your family is selected to attend Camp Rise, please describe support you might require with your employer, court employees, etc.

Has anyone in your family experienced opioid misuse and/or the issues resulting from prescription drugs?

Which week do you want to attend? **June 9 – 13, 2019**

June 16 – 20, 2019

A limited number of camper spots are available for each week. Because space is limited, your application will be reviewed and compared with all other applications. Camp Rise camper slots are intended for families in recovery who will benefit the most from the opportunity. **Due to the high request rate, unfortunately not all families will be selected.**

All information remains confidential. Camp Rise selects families regardless of race, ethnicity, religious affiliation, socioeconomic status, sexual orientation, disability or other aspect of diversity.

Families will be notified within 30 days as to the review committee’s decision.

I understand that by applying for admission to Camp Rise, the review committee may contact my reference. I also understand that the cabins will be shared by families and may include all genders. The information provided in this application is accurate to the best of my knowledge.

Signature of Adult Applicant _____ Date _____

If your family is selected to participate in Camp Rise, you will need to complete a Camper Registration for each family member.

OFFICE USE ONLY			
Family Decision		Notification Method	
Week Selected		Notification Date	
Staff Initials			

