



HOPE ABOUND'S CANCER NETWORK

CAMP HOPE Family Weekend Retreat August 15-18, 2024

ELIGIBILITY APPLICATION

PROGRAM ELIGIBILITY

Child currently receiving treatment for cancer or has completed treatment within a year of the camp date.

Space is limited to 2 adults, children on treatment and 2 siblings. (If there are more than 2 siblings, please contact Camp Director).

Priority is given to eligible families who have never attended Camp Hope.

All families are welcome to apply regardless of race religious affiliation, financial status or demographic location.

Camp participation is on a first come—first serve basis.

PROGRAM INFORMATION

Camp Hope is a weekend retreat held at Fort Caswell Coastal Retreat & Conference Center in Oak Island, NC.

Each retreat is composed of up to 20 families experiencing active childhood cancer treatment.

Planned activities are centered around bringing families together in hopes to create memories that will last for a lifetime.

Camp Director—Elizabeth Barnes, Hope Abounds Cancer Network Executive Director at (910) 799-7178, ext. 2.

This cost free retreat is provided by HOPE ABOUND'S CANCER NETWORK...Complimentary to all families!

PARENT/GUARDIAN INFORMATION (1st Adult):

First Name: _____ Last Name: _____

Please select relationship to the child with cancer: Father Mother Legal Guardian

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Cell Phone: _____ Home Phone: _____

Gender: Male Female Marital Status: Married Single Separated Divorced Widowed

Allergies/Food Restrictions: _____

Physical Limitations/Health Problems/Special Needs: _____

CHILD GOING THROUGH TREATMENT INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Type of Cancer: _____ Date of Diagnosis: _____

Allergies/Food Restrictions: _____

Physical Limitations/Health Problems/Special Needs: _____

FUN FACTS:

Favorite Movie: _____ Favorite Color: _____

Funniest Joke: _____



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ADULT INFORMATION (2nd Adult):

If you are a single parent, you are welcome to bring a support person who has supported you through your family's cancer journey.

Will you be bringing a second adult? Yes No If you selected yes, please complete below...

First Name: _____

Last Name: _____

Please select relationship to the child with cancer:

Father Mother Step-Parent Aunt Uncle Sibling Support Person

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Cell Phone: _____ Home Phone: _____

Gender: Male Female Marital Status: Married Single Separated Divorced Widowed

Allergies/Food Restrictions: _____

Physical Limitations/Health Problems/Special Needs: _____

SIBLINGS (Siblings must be under the age of 21 and currently living in the home to attend retreat.)

Will you be bringing any siblings? Yes No How many siblings will be attending? One Two

*Please complete Sibling information section below for each sibling that will be attending the retreat. If more than 2 siblings, please contact Camp Director, Elizabeth Barnes.

1st Child: First Name: _____ Last Name: _____

Do you have custody of this child? Yes No

Please select relationship to the child with cancer:

Brother Sister Step-Brother Step-Sister Cousin Other

Date of Birth: _____ Gender: Male Female Grade in School: _____

Allergies/Food Restrictions: _____

Physical Limitations/Health Problems/Special Needs: _____

2nd Child: First Name: _____ Last Name: _____

Do you have custody of this child? Yes No

Please select relationship to the child with cancer:

Brother Sister Step-Brother Step-Sister Cousin Other

Date of Birth: _____ Gender: Male Female Grade in School: _____

Allergies/Food Restrictions: _____

Physical Limitations/Health Problems/Special Needs: _____



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FAMILY INFORMATION

Why do you want to join us at Camp Hope?

What are you looking forward to the most at Camp Hope?

What do you hope to gain from your experience at Camp Hope?:

Has anyone attending Camp Hope had a history of violence or crime? ___ Yes ___ No

If yes, please explain:

MEDIA RELEASE

I agree to allow Hope Abounds Cancer Network to photograph/video our family and/or guests attending with my family participating in Camp Hope. These photographs/video may be used for public use and will be shared with all retreat participants following Camp Hope. Hope Abounds Cancer Network may use these photographs/video for marketing purposes as needed.

Parent or Guardian

Signature: _____

Date: _____

Hope Abounds Cancer Network 501(c)3 non-profit charity organization