



Kids Camp Referral Form

(Please Print Clearly)

Child's Full Name _____ Gender _____

Address _____

City _____ Zip _____

Parent/Guardian _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Age _____ Date of Birth _____ School _____

Person Referring _____ Phone Number _____

Organization/School Referring _____

Name of the person who died _____

How was the deceased related to the child? _____

How long ago did the death occur? _____

Please provide any additional information regarding the child or family you feel may be helpful regarding this referral:

*Registration Packets will be mailed to parent/guardian 6 weeks prior to camp. This packet must be returned for child to attend camp.

Please check one

Fresno (Mid-July) _____ Bakersfield (Late July) _____ NORCAL (Mid-August) _____
(Ages 6-16) (Ages 6-16) (Ages 9-16)

Return to Bristol Hospice Foundation of CA
5251 Office Park Drive, Suite 100 Bakersfield, CA 93309 or fax to 661.387.7151
For more information on Kids Camp or the Foundation visit our website
www.bristolhospicefoundationca.org or call the Foundation office at 661.716.8000