

2019 Camp Firefly Adult Registration

Sept. 7 • Warriors' Path State Park

First name: _____ Last name: _____

Relationship to camper: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Home telephone number: _____ Mobile number: _____

E-mail address: _____

Bereavement information

Name of the deceased: _____

Age of the deceased: _____ Date of death: _____

Relationship to the deceased: _____

Cause of death: _____

Are you receiving professional support? Yes No

If yes, from: Social worker Psychologist Pastoral counselor Family therapist

Was the deceased in hospice care? Yes No

How did you learn about Camp Firefly?

Friend Mailing Radio Newspaper Community advertising

School counselor/teacher Professional counselor Other: _____

Please identify any specific topic related to grief you would like to learn more about.

Your name/signature: _____

Date/time: _____

