



**May 2-4, 2014**  
**Lazy F Campground**  
**Ellensburg, WA**

**Children's Program**

Saturday 10 a.m.-12 p.m. & 1-5 p.m.  
Sunday 8:50 a.m. - 12:00 p.m.

**Deaf, hard of hearing and hearing children are welcome.**

**Age Birth up to 3**

Children will enjoy participating in language rich and developmentally appropriate activities. Adult to child ratio is 1:1.

**Ages 3 - 12**

**Drama:** Children will have the opportunity to develop performance pieces for the Sunday morning program.

**Arts & Crafts:** Children will have the opportunity to work on art and craft projects and showcase them at the Sunday morning program.

**Outdoor Recreation:** Fun & games outdoors including a bouncy house and fishing. Many volunteers will be helping with these activities.

**Age 13 to 18**

**Teen Challenge Program:** A fun program of physical activities designed for the development of interpersonal skills, problem solving and self-esteem is offered for teens.

**Parent Activities**

**Saturday, May 3**

8-8:45 a.m. Registration

9-10 a.m. Families meet staff

10:15 -11:15 a.m. Keynote speaker

11:15 - 11:50 a.m. Family group time

12-1 p.m. Lunch

1:10 - 2:30 p.m. Workshops

2:30 - 2:45 p.m. Break

2:45 - 4:45 p.m. Workshops

5-6 p.m. Free time (hay ride, playground, fishing or bouncy house)

6-7 p.m. Dinner

7:15 - 8 p.m. Entertainment and games

8-9 p.m. Campfire/Story Time



**Sunday, May 5**

8-8:50 a.m. Breakfast

9-10:20 a.m. Workshops

10:30-12 p.m. Children's Performance

12-1 p.m. Lunch and then Home

**Parent Program**

This weekend will provide many opportunities for families to connect. Expect wonderful discussions about the experience of growing up Deaf, transition, national perspective, and many other topics.

Evening games and entertainment will be led by Jer Loudenback

**Return registration to: Christy Camarata, WSDS/CWU - 7409, 400 E. University Way, Ellensburg, WA 98926**

**Directions, additional forms and confirmation of registration will be mailed to you.**

**Questions—camaratc@cwu.edu, 509.963.1670**

# 2014 Family Camp Registration Form

<b>Package A:</b> 2 nights lodging - Friday, May 3, Saturday, May 4 (Friday arrival after 6:00 p.m.)	5 meals - Saturday: Breakfast, Lunch, Dinner, Sunday: Breakfast, Lunch
<b>Package B:</b> 1 night lodging - Saturday May 4 (Saturday 8:00 a.m. arrival)	4 meals – Saturday: Lunch, Dinner Sunday: Breakfast, Lunch
<b>Package C:</b> Offsite Lodging	4 Meals – Saturday: Lunch, Dinner Sunday: Breakfast, Lunch

COST	PACKAGE A	PACKAGE B	PACKAGE C
Adult	99.00	73.00	49.00
Child 13 – 18	89.00	63.00	42.00
Child 6 - 12	79.00	53.00	37.00
Child 2 - 5	69.00	43.00	26.00
Child and under 2	No Cost	No Cost	No Cost

NAME – List names of all adults and children who will be attending	PKG	AGE	*Child t-shirt size	GENDER	HEARING, HH, DEAF	COST
<b>EX: Flossie Ann Smith (adult)</b>	A	N/A		Female	Hearing	\$ 99.00
<b>EX: Sally Joy Smith</b>	A	3	3T	Female	Deaf	\$ 69.00
Subtotal:						
*t-shirts will be available to children at no cost in sizes 2T, 3T, 4T, <b>child</b> XS, S, M, L, XL and <b>adult</b> S, M, L and XL						
RV Space Requested _____						
<b>TOTAL DUE:</b>						

Your Name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Payment Options:**

Check: Payable to: **Central Washington University**

Credit Card: fax (509-963-1608) or mail the following information:

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name (as it appears) on Card \_\_\_\_\_

Signature \_\_\_\_\_

Do you have a family that you would prefer to room with? \_\_\_\_\_

Do you need vegetarian meals? Yes/No Food allergies? \_\_\_\_\_

Do any adults in your party need Spanish interpreting? Yes/No

Do you need wheelchair accessibility or other accommodations? Yes/No \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

NAME RELATIONSHIP PHONE #

Emergency Contact #2 \_\_\_\_\_

NAME RELATIONSHIP PHONE #

# 2014 Family Camp B-3 Registration Form

<b>Package A:</b> 2 nights lodging - Friday, May 4, Saturday, May 5 (Friday arrival after 6:00 p.m.)	5 meals - Saturday: Breakfast, Lunch, Dinner, Sunday: Breakfast, Lunch
<b>Package B:</b> 1 night lodging - Saturday May 5 (Saturday 8:00 a.m. arrival)	4 meals – Saturday: Lunch, Dinner Sunday: Breakfast, Lunch
<b>Package C:</b> Offsite Lodging	4 Meals – Saturday: Lunch, Dinner Sunday: Breakfast, Lunch

COST	PACKAGE A	PACKAGE B	PACKAGE C
Adult	99.00	73.00	49.00
Child 13 – 18	89.00	63.00	42.00
Child 6 - 12	79.00	53.00	37.00
Child 2 - 5	69.00	43.00	26.00
Child and under 2	No Cost	No Cost	No Cost

NAME – List names of all adults and children who will be attending	PKG	AGE	*Child t-shirt size	GENDER	HEARING, HH, DEAF	COST
EX: Flossie Ann Smith (adult)	A	N/A		Female	Hearing	\$ 99.00
EX: Sally Joy Smith	A	3	3T	Female	Deaf	\$ 69.00
Subtotal:						
Minus Birth-to-Three Scholarship (Maximum \$250)						- \$200.00
Plus \$25 registration fee per family						+ \$25.00
RV Space Requested: _____						<b>TOTAL DUE:</b>

\*t-shirts will be available to children at no cost in sizes 2T, 3T, 4T, child XS, S, M, L, XL and adult S, M, L and XL

Your Name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Payment Options:**

Check: Payable to: **Central Washington University**

Credit Card: fax (509-963-1608) or mail the following information:

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name (as it appears) on Card \_\_\_\_\_

Signature \_\_\_\_\_

Do you have a family that you would prefer to room with? \_\_\_\_\_

Do you need vegetarian meals? Yes/No Food allergies? \_\_\_\_\_

Do any adults in your party need Spanish interpreting? Yes/No

Do you need wheelchair accessibility or other accommodations? Yes/No \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

NAME RELATIONSHIP PHONE #

Emergency Contact #2 \_\_\_\_\_

NAME RELATIONSHIP PHONE #