Dear ______,

I've received an opportunity to send ______ to summer camp May 31-June 6, 2020 at Camp Genesis!

The mission of Camp Genesis is to create a safe space for children who have or have had an incarcerated parent to have fun, grow in self-esteem, and encounter Christ. Campers will get to climb a rock wall, go to the lake, do arts and crafts, make new friends and learn about Jesus.

Camp Genesis at Chapel Rock in Prescott, AZ, is provided free of charge for children who have an incarcerated parent. Once the Camper Information form is received, someone from Camp Genesis will call you to complete the registration process. Assistance with transportation can be provided from the Phoenix area, if necessary.

Campers are accepted on a first-come, first-served basis, and all registrations have to be completed by April 30, 2020. Thanks for your help in getting ______ signed up!

Sincerely,

__________
The mission of Camp Genesis is to create a safe space for children who have or have had an incarcerated parent to have fun, grow in self-esteem, and encounter Christ. Camp Genesis is offered at no charge to campers. The camp is open to young people between the ages of 8 and 13 (going into grades 3-8 for the 2020-2021 school year), and will be filled on a first-come, first-served basis. Chapel Rock is a ministry of The Episcopal Diocese of Arizona.

To register your camper, complete this form and mail it to Chapel Rock Camp and Conference Center, 1131 Country Club Dr., Prescott, AZ 86303. Someone from Camp Genesis will call you to complete the registration process. All registrations must be completed and returned by April 30, 2020.

Camper Information
(Please fill in every item!)

Child's Name ________________________________
Child's Age by May 31, 2020 __________________ Date of Birth ______ / ______ / ______
Your Name ____________________________________________________________________________ Relationship to Child ____________________________
Address ________________________________________________________________________________
City, State, Zip _________________________________________________________________________
Home Phone (______) ___________________________ Cell Phone (_____ ) _____________________________
Email ____________________________________________________________
Name(s) of Incarcerated Parent(s) ________________________________________________________
Name of Incarcerated Parent's Institution __________________________________________________
Additional Contact Person __________________________________________________________________ Relationship to Child ____________________________
Home Phone (_____ ) ___________________________ Cell Phone (_____ ) _____________________________
Email ____________________________________________________________
Signature _____________________________ Date ____________________