

Please Send Applications to:

The Salvation Army – Major Deb Laro  
855 Asylum Avenue  
Hartford, CT 06105  
Phone: (860)702-0002  
Fax: (860)244-0790



Camp Location:

Camp CONNRI Lodge  
19 Happy Hill Lane  
Ashford, CT 06278  
Phone: (860)429-6840  
Fax: (860)429-0876

**2022 Adult Camp Sessions**  
**"No Place Like Home"**  
**OAM Session # \_\_\_\_\_**

Group Name (if applicable): \_\_\_\_\_

Gender: Male ☐ Female ☐

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

**PLEASE CHECK ONE:**

DOUBLE ROOM (two people per room) ☐ \$285 per person

Please list name of preferred roommate: \_\_\_\_\_

SINGLE ROOM (one person per room) ☐ \$375 per person

Room Preference: \_\_\_\_\_

(Based on availability – cannot guarantee)

**\*\*\*Deposit Due - \$50.00 for Double, \$100 for Single**  
**(per person at time of reservation & non-refundable) \*\*\***  
Check-in is **Tuesday AFTER 2:30pm**. Check-out is Friday after breakfast.



(OVER)

# MEDICAL FORM

**PLEASE PRINT AND FILL OUT ALL INFORMATION**

**\*\*\*\*EMERGENCY CONTACTS\*\*\*\***

**Contact #1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**CURRENT HEALTH PROBLEMS / MEDICATIONS**

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(IF MORE SPACE IS REQUIRED, PLEASE USE A SEPARATE SHEET OF PAPER AND ATTACH)

## ALLERGIES

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**DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**INSURANCE PLAN:** \_\_\_\_\_ **POLICY#** \_\_\_\_\_

**Please don't forget to complete and sign below!**

In case of an accident or illness, I \_\_\_\_\_ hereby give my permission to the Camp CONNRI Staff to  
**Print Your Name**  
 send me to a hospital or walk-in clinic to secure medical attention at once. I understand that I am responsible to personally pay all/any designated fees. I understand that every reasonable precaution for my health and safety are taken and that participation in any or all activities is at my own risk. I will be responsible for administering my own medication. I agree to abide by the rules and policies of CONNRI Lodge.

**Programming Photo Release:** I hereby give permission for photos and/or videos to be taken of me during my stay at Camp CONNRI. I understand that those photos and/or videos may be used in the future promote Salvation Army programs.

SIGNATURE

DATE \_\_\_\_\_