



COQUILLE INDIAN TRIBE
Community Health Center
2011 FAMILY CAMP REGISTRATION

August 3 – 7, 2011

List the names of your family members **that live in your household** that will be attending. If you have children that are attending school/college and live outside your home – list them as household members. If you have a guest attending, please list their name. Please list all the children’s ages under 18 yrs of age (The costs of our meals are based on various age groups). **THERE IS A FEE OF \$200 FOR EACH “NON ELIGIBLE” GUEST TO ATTEND** (*eligibility listed on back*).

| Please PRINT <u>First & Last</u> NAME of each person attending | | ADULT Please “X” if 18 yrs or older | CHILD’S AGE (under 18 yrs) |
|--|----------------------|---|-------------------------------|
| 1 | TRIBAL MEMBER | | |
| 2 | SPOUSE/OTHER | | |
| 3 | CHILDREN | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| * | GUEST’S NAME (\$200) | | |
| * | GUEST’S NAME(\$200) | | |

Mailing Address: _____
Street / PO Box

_____ Optional: e-mail address

City State Zipcode Daytime contact phone number

WILL YOU/FAMILY NEED TRANSPORTATION TO/FROM EAGLE CREST? YES # _____
(how many)

IF YOU ARE UNABLE TO ARRIVE ON Wednesday, AUG. 3rd – WHAT DAY WILL YOU BE ARRIVING? _____

REGISTRATION FEES

\$20 PER PERSON OR
\$40 PER IMMEDIATE FAMILY HOUSEHOLD
(Those that reside in your house or attend school/college)
\$200 PER NON-ELIGIBLE GUEST

PLEASE RETURN THIS FORM ALONG WITH
 YOUR REGISTRATION FEE TO:
 CITCHC – FAMILY CAMP
 PO BOX 3190
 COOS BAY, OR 97420

DEADLINE FOR REGISTRATION - THURSDAY - JUNE 30th

If you are unable to pay the registration fee and qualify for Medicaid or the Oregon Health Plan (or your states equivalent), or have any questions/concerns, or any special needs: contact Toni Scavera at: 541-888-9494, toll free: 800-344-8583, ext 20211, or Rita McMann, ext. 20212; or email: toniscavera@coquilletribe.org / ritamcmann@coquilletribe.org .

HOUSING: Please remember that this is **FAMILY CAMP**. We will be arranging your housing to put you with or near your closely related family members. If for some reason you feel that you absolutely cannot share a house with a particular person or family unit, we will try to honor your request.

Please "try" to house me **with:** (relative's name) _____

Please "try" to house me **near** (relative's name): _____

Please **do not** house me or members of my household with: (all information is confidential) _____

REGISTRATION: We have a limited amount of condos reserved at Eagle Crest. We will try to accommodate as many as we can as long as *Registration Forms* are **received by June 30th, 2011**. Your reservation will not be guaranteed until the non-refundable registration fee is received by the Community Health Center.

CONFIRMATION PACKETS & CONDO ASSIGNMENTS WILL BE MAILED OUT
THE WEEK OF July 11th - 15th.

If you do not receive your information by **July 20th**,
please contact Toni or Rita at CITCHC.

DEADLINE FOR REGISTRATION IS THE LAST DAY OF JUNE

THURSDAY - June 30th

Eligibility: Space and funding require Tribal Council to set eligibility requirements for attendance at Family Camp. Requirements are as follows: Tribal members and spouses, non-Coquille custodial parents of Tribal members, step or adopted children living full time in a Tribal home, and widow or widowers of members that have not remarried. Please direct any questions of eligibility to Kelle Little, Toni or Rita at the CITCHC.