



The Kansas Jaycees' Cerebral Palsy Ranch

DIRECTIONS: KEEP THIS PAGE FOR YOUR RECORDS.
RETURN THE NUMBERED PAGES 3-9 AND PAGE 13 (WILL REQUIRE MORE THAN ONE STAMP)

Please return applications to the following address:

Kansas Jaycees' Cerebral Palsy Ranch
P.O. Box 267
Augusta, KS 67010

Make sure you include the following:

_____ **Current Photograph**
 _____ **Physicians Report**
 _____ **Deposit or Fee**

The actual program cost per camper approx. \$950. However, we only ask campers to help us come up with a camper-ship fee of \$625 (sliding fee) if attending a full week. If you cannot afford \$625.00, we request that you:

- **Send \$100 from any source AND....**
- **Participate in the Camp fundraiser – you are asked to get at least 6 people to purchase....**
- **AND approach friends, family, civic org. or businesses in your community to raise the remaining camper-ship fee**
- **OR if you are on a state waiver and self direct pay, declare us your attendant for the week and send the appropriate paperwork with your application.**

We rely entirely on the financial gifts we receive, we need your continued assistance in finding organizations, businesses, and individuals to make donations and sponsor campers or we will not be able to continue the camping program. **It is vital that you participate in funding your part to get to camp.**

You can pay for the cost in full, or in monthly installments. A non-refundable deposit of \$100.00 is required for reservation for your camper; this has to be sent in prior to arrival.

List payment schedule and all funds (including funding sources) that you expect will be available for your camper-ship.

ALL APPLICATIONS MUST BE IN BY Friday, MAY 1 2009. If the session is not full, we will accept application no less than 2 weeks prior to the arrival date. TO GET THE WEEK YOU WANT – GET YOUR APP IN EARLY.

Make sure applications are completed fully. Incomplete applications will be returned.

Make checks/money orders payable to: Kansas JC Cerebral Palsy Ranch. We also accept MasterCard, Visa or American Express. One check/money order for T-shirts, pictures, and fees to the camp is fine. Please list totals for each item in memo.

You will be sent confirmations and further information approx. 3 weeks prior to the week you will attend camp telling you what to bring, what time to arrive, directions, etc

If we are not able to assign a camper to your first choice week, you will receive your second choice. Please do not add your second choice if you absolutely know the date will not work for you. We look forward to seeing you this summer! **Each session begins at 3PM ends at 10AM.**

2009 Camping Schedule
Mark your choices here for your own records.

First choice week _____ **Second choice week** _____

We accept almost any type of disability & don't discriminate on the basis of sex, race, religion, or creed.

Week	Date	Age	Theme	Week	Date	Age	Theme
1	May 31-June 3	21 & Up	<i>New Years Camp Celebration!</i>	*5	June 14 - 17	5-20	<i>Wild Adventures</i>
2	June 3 - 6	21 & Up	<i>Exploring Nature</i>	6	June 17 - 20	25 & Up	<i>Games, Games & More Games!</i>
3	June 7 - 10	25 & Up	<i>Port of Call</i>	7	June 21 – 24	21 & Up	<i>Discover Kansas</i>
4	June 10 -13	21 & Up	<i>Night Owls</i>	8	June 24 - 27	21 & Up	<i>Celebrate America</i>

***SESSION # 5 – IS BRING A FRIEND - NO COST FOR THE FRIEND – HOWEVER.... WE MUST HAVE AN APPLICATION AND PHYSICAL ON THE FRIEND**

NOTE: PLEASE LOOK AT THE DATES CAREFULLY...

DUE TO FINANCIAL CONSTRAINTS EACH SESSION IS NOT A FULL WEEK.

Program Information

The purpose of the Kansas Jaycees Cerebral Palsy Ranch is to provide a program that allows individuals to enjoy their highest level of functioning and independence, consistent with their abilities, in a summer camp setting. Founded in 1964, it is one of few such facilities in Kansas serving those with a wide range of disabling conditions and provides an opportunity to improve their quality of life through discovery and/or enhancement of social, recreational, and educational life skills.

The CP Ranch has provided thousands of disabled individuals with their first opportunity to discover they can get along without mom & dad or their caregiver, they can compete & win, they can overcome their fears of new things, they can make new friends, and they can feel good about themselves because they gave it their all. We focus on each camper's ability which makes their disability minimal.

Campers are encouraged to take part in activities adapted to help them gain confidence and appreciate the value of trying. With the help of counselors and volunteers, campers enjoy a wide variety of pursuits. Some of the camp activities include horseback riding, arts & crafts, swimming, fishing, canoeing, paddle boating, nature study, sports & games (includes miniature golf), new rock wall and zip line, cookouts, hayrack rides, dramatics, dances, and archery & BB guns if instruction is available. There is also a wide variety of special events like talent shows, dances, karaoke, and more.

Situated on 151 acres of woods and meadows, the Ranch includes a 28-acre lake. Buildings and activity areas are specially designed for the physically disabled and campers stay in air-conditioned dorms. Other facilities include a dining hall/kitchen with storm shelter, rustic lodge, recreation pavilion, swimming pool, boat dock, horse and tack area, and playing fields.

Trained counselors and volunteers assist campers as much or as little as needed. Our policy is to accept no more than 2 campers per week per counselor/volunteer to give each camper as much attention as possible. We have a licensed medical provider on staff to supervise all meds and help with other medical needs.

Who is appropriate to attend camp? We accept many disabilities both mental and physical. Due to the seasonal nature of our work, our staff is not trained in Mandt behavior system. We do have trained staff that check campers, change undergarments, and re-position at night. Campers who require regular medical attention throughout the night are limited due to our capacity for one room units. Although our staff is trained in preventing disease transmission, campers with a known communicable disease are generally requested not to attend. Also, campers with "frail" health who cannot participate in most activities are not appropriate either, as most campers will receive **much** more physical and mental stimulus due to all the activities and the group living arrangements at camp than they are accustomed to. We do want to make it clear that the sleeping arrangements are group living, and this is an active summer camp, we are not a Hotel and camp may have critters every once in a while. Our goal is for Kansan's who are disabled to have the best experience and care possible at camp therefore we do our very best do minimize risks and have a safe camp experience for everyone.

Special note: if you would like to send a caregiver with the camper who will do overnight medical care or provide one-on-one care if needed, we will work with you to accomplish this.

Questions?

Call the office at 316-775-2421. If no one is available please leave your message on the machine. You may also email us with the addresses listed on the reverse side of this page or visit our website at <http://www.cpranch.org>. If you need to contact a camper or camp staff during camping season, please call 316-775-2421.

Campers love to receive mail! If you would like to send a letter to a camper while attending camp or to the camp staff, you can send it to:

6411 SW 50th, El Dorado, KS 67042.

We will have a drop box for letters when you drop off your camper for their session as well.

2008 Physician's Report

KANSAS JAYCEES' CEREBRAL PALSY RANCH

Send to: P.O. Box 267, Augusta, KS 67010

(316) 775-2421

No camper will be allowed to attend camp without some type of Physician's Report completed in the current year on file with the camp! No exceptions will be made!

May be sent separately but **MUST BE RECEIVED PRIOR** to your camping session.

CAMPERS NAME _____ CAMP DATE _____

(Be sure name is filled in)

Disability _____

Applicant subject to seizures ()yes ()no

Description, instructions, warnings:

List all medications and dosages (*campers will be participating in different physical activities and receive more stimulus than they may be accustomed to. We request that no changes to the camper's medication be made immediately before camp to minimize their health risk*):

We must give medication as prescribed on the bottle, unless a copy of the medication order from the prescribing physician including the camper's name, date, name of medication, and specific changed instructions on when and how to take the medication is included.

List all allergies:

List restricted activities or other remarks:

Tetanus immunization date _____

The above named applicant is free from any contagious or infectious condition on this report date.

Signature of physician

Print name

Date

Name of clinic

Phone

Address

City

State

ZIP



The Kansas Jaycees' Cerebral Palsy Ranch

For Office Use Only	Rcvd. _____
Compr. funds \$	_____
Tsht? _____	Photo _____ Waiver _____

Submit to the Ks. JC Cerebral Palsy Ranch at PO Box 267, Augusta, KS 67010

Applications will be returned if not fully completed.

Applicant Name _____ Nickname _____

Phone _____ Has camper attended camp before? Yes No If so, when? _____

Address _____ City _____ State _____ Zip _____

E-mail address, if available _____

Camper disability(s) _____

Camper uses wheelchair: electric _____ manual _____ Camper prone to wandering unsafely _____

Sex _____ Age _____ Birthdate _____ Approx. Height _____ Approx. Weight _____

Ethnicity: ___ African Am. ___ Asian ___ Hispanic ___ Native Am. ___ White ___ Other- _____

Address _____ Email _____

(Address where confirmation should be sent, if different from above)

Applicant's present housing (private, foster, nursing home, group home, institution) _____

If group home or institution, name of home _____

Homes sending groups of four or more first-time campers during one week MUST to send a staff volunteer.

Except for the above-described situation, campers are encouraged to attend camp without caregivers so they will get a chance for more interactions between the staff and other campers as well. If you still feel it is necessary for a caregiver to attend camp for part or all of the week, or for group homes sending four or more first-time campers during one week, or if caregivers want to volunteer to work with other campers, a volunteer application is necessary.

Volunteer name: _____ Email _____

Address _____ Phone _____

2009 Camping Schedule

Mark your choices here for your own records.

First choice week _____

Second choice week _____

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We accept almost any type of disability & don't discriminate on the basis of sex, race, religion, or creed.

***SESSION # 5 – IS BRING A FRIEND - NO COST FOR THE FRIEND – HOWEVER.... WE MUST HAVE AN APPLICATION AND PHYSICAL ON THE FRIEND**

I AM COMING WITH A FRIEND / GROUP – PLEASE PLACE ME IN THE SAME SESSION AS:

Parent/Guardian Information

All items requiring camper/parent/guardian signatures are on this page.

If parents are not living in the same residence, please indicate which is custodial parent or guardian.

Parents name _____ Home phone _____

Address _____ City _____ State _____ Zip _____

Fathers employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Mothers employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact Information

Person/agency legally responsible for Applicant: _____

Contact person's name if agency: _____

Relationship to applicant: _____ Phone: _____

Alternate phone number for contact: _____

Other Emergency Contacts

Will parent/responsible party be out of town during camp session? Yes _____ No _____ Unknown _____

Other contact: _____ Phone: _____

Relationship to applicant: _____ Alternate phone: _____

Authorization to Administer Prescription Medication and for Emergency Treatment

I give the Kansas Jaycees Cerebral Palsy Foundation Camping Program my permission to administer medication for the camper named below while he/she is attending camp. I further give permission to secure needed emergency medical treatment by the physician selected by the camp, including x-rays and routine tests. In the event I cannot be reached in an emergency, I authorize the physician selected to hospitalize, secure proper treatment for, and order administration of anesthetics and/or the performance of any type of emergency surgery in a licensed medical facility on behalf of the camper named below. I acknowledge that the medical history listed is correct so far as I know, and the camper below described has permission to engage in all prescribed camp activities except as noted by me below or by their physician.

Print name _____

Person legally responsible for camper: parent, guardian, camper, or agency rep. Name of camper _____

Signature _____ Date _____

Person legally responsible for camper: parent, guardian, camper, or agency rep.

Authorization to Obtain and Release Camper Audio Visual Information

The Ks. Jaycees' Cerebral Palsy Foundation and its affiliates are given permission to utilize _____ (Camper's name) in the production of motion pictures, videotapes, photographs, and audiotapes in relation to the camping program. I also authorize the public dissemination of the material as deemed advisable by said organization for educational, promotional and research purposes. The names of the participants will not be used in any material.

Signature of Camper, Parent or Guardian _____ Print name of person signing _____ Date _____

Without this signature release we will be unable to process your registration

Behavior and Abilities

Someone providing direct care for the camper should fill out this section. The more completely this section is filled out and the more information we have, the better we will be able to care for the camper.

General

Reads () Writes () Hearing loss () Hearing aid () Visual loss () Glasses ()
Special communication method () Describe _____

Mobility

Walks () Cane () Crutches () Braces () Wheelchair--electric () manual ()
Info we should know about wheelchair & use _____

If braces, can they be removed? () Yes () No When _____

Transfer assistance needed? _____

Dresses self () Assistance needed _____

Meals

Feeds self () Special eating utensils () Describe _____

Needs some assistance at meals () _____ Requires total assistance at meals ()

Special difficulty eating _____ Special diet _____

If appetite not good, favorite foods or tips for eating _____

Known allergies or sensitivities () caffeine () chocolate () milk () latex () _____

Sleep patterns

Rises at _____ Retires at _____ Sleeps well () If not, explain _____

Takes naps () Tendency to wander at night () Talks or makes noises in sleep ()

Special needs or suggestions to get camper to sleep _____

Needs turned or positioned at night () How often _____ Needs isolation room to sleep? ()

Wets bed () Please be aware that if applicant has a repeated problem with bed wetting at camp, we will use diapers if not already in use.

Needs to be awakened to use bathroom at night () How often? _____

Camp beds are regular twin beds. Does camper need side rails? () Can camper sleep on upper bunk? ()

Bathroom patterns

Indicates need to toilet () Needs assistance in toileting () If so, how? _____

Diapers () Scheduled toileting () If so, when? _____

Suggestions for helping camper to toilet _____

Catheter () Does applicant maintain? () yes () no Urostomy () Does applicant maintain? () yes () no

How often are BM's _____ Suppositories () Laxatives () Enemas ()

Problems w/constipation () Diarrhea () Remedies _____

Assistance needed with showering _____

Assistance needed with teeth brushing? () Assistance needed with shaving? () Other _____

Female apt to have her period at camp () Assistance needed with feminine hygiene () _____

Camper's with special routines for personal care need to come with at least two copies of the routine in detail for our staff.

We can only provide the best level of care as the instructions you provide us in writing.

Behavior patterns

Afraid of loud noises () Afraid of animals () Explain _____

Afraid of water () Able to swim () Needs help swimming () Explain _____

Other specific fears () Describe _____

Group living problems _____

Stubborn () How? _____

Temper tantrums () **How should they be handled?** _____

Additional Information—list behavior tips, consequences for misbehavior, limitations, goals, likes & dislikes, etc.

Medical History

Please indicate if applicant has had any of the following or has had a negative reaction.

Frequent ear infections ()	Hay fever ()	Chicken pox ()
Heart defect/disease ()	Ivy poisonings ()	Any form of Measles ()
Insect stings ()	Diabetes ()	Penicillin ()
Mumps ()	Bleeding/clotting disorder ()	Asthma ()

Seizures () Yes () No If yes, describe _____
 Frequency of seizures _____

Immunization History:

Required immunizations must be determined locally. Please record the date (month/year) of basic immunizations, if known, and most recent booster doses.

	Date of Immunization	Date of Booster
Tetanus	_____	_____
Diphtheria, whooping cough	_____	_____
Oral polio	_____	_____
Measles (red measles)	_____	_____
Mumps	_____	_____
German measles	_____	_____
Tuberculin test given	_____	_____

Insurance Information

Camper has hospitalization and medical coverage. () yes () no

Insurance company _____

Policy no. _____ Group no. _____ Medical card no. _____

Meds

Please note: All medications taken by campers while at camp must be in a properly labeled container or unit dose bubble pack (preferred). **The label must be from the pharmacy** and should include the camper's name, date, name of medication, and specific instructions on when and how to take the medication. **Medication planners will only be acceptable if accompanied by labeled bottles containing at least one pill/bottle.** The camper will be sent home if he/she does not have at least one pill in the original bottle from the pharmacy or in the bubble pack. We must give medication as prescribed on the bottle, unless a copy of the medication order from the prescribing physician including the camper's name, date, name of medication, and specific changed instructions on when and how to take the medication is included. We prefer that you use unit dose bubble pack or ask your pharmacy to give you a separate labeled bottle for the medication you will send to the camp.

Please list camper's meds/med schedule as given at this time. We know meds are subject to change, but this will help our RN prepare prior to camp. Please note camp breakfast meds are given at 8 AM, lunch meds at noon, dinner meds at 5:30 PM, and bedtime meds at 9 PM. Other times observed if absolutely necessary.

<u>Time</u>	<u>Med</u>	<u>Dosage</u>	<u>Purpose (if known)</u>
-------------	------------	---------------	---------------------------

List normal camp activities that camper does not have permission to engage in:

Level of Functioning
Does camper need assistance? YES _____ NO _____

Please circle one best choice from each column to describe camper.

Cognitive Ability

Physical Mobility

- | | |
|---|--|
| <p>1 - No mental impairment
2 - High Functioning level (Mild MR)
3 - Intermediate Functioning (Educable, TMH high)
4 - Low or Unknown Functioning (Severe MR, TMH low care)</p> | <p>A - No Physical Disability
B - Mild Physically Disabled (Walks, difficulty)
C - Intermediate Physically Disabled (Walker, cane, wheelchair)
D - Severely Physically Disabled (Total care)</p> |
|---|--|

General Permission & Press Releases

I agree to permit the camper (myself) to participate in all activities except as specified on this application by me. The CP Ranch has my permission to photograph and videotape my camper (myself) during the week. I understand the photographs & videotapes are for promotional purposes only. I also understand that my camper's (I) address will be given to other campers & staff at the end of my stay.

Please note that this permission form must be signed or the camper will not be allowed to attend camp or participate in activities or camp pictures.

Signature: _____ Date: _____

Copies are sent home with you at the end of the week and the best picture is emailed to your local newspaper along with an article about your camper's week here. This not only highlights your camper's accomplishments, but also helps raise awareness of our camping program and **assists with funding for the Ranch**. Please fill in the spaces below with at least the name of your local paper or the paper closest to you who may print an article about your camper to help speed up the process.

Newspaper	Contact person if known
Address or phone/Email/website address (if known)	

Camper Volunteers

Camper Volunteers is a relatively new program for our campers that love summer camp and like to help others. Camper volunteers should be able to take care of themselves (showering, dressing, etc). They need to be reasonably responsible, mature and have a positive attitude. Duties may include pushing wheelchairs, passing out meal trays and drinks, helping campers participate in activities, running errands, minor cleaning, and dishes in the evenings. We will still need camper volunteers to submit camper-ship funds. Although we would like to let them attend for no cost, we constantly struggle to keep the Ranch running. We do request that the camper assist us in paying for as much of the fee as possible as our costs to operate camp remain constant.

Camper would like to be a Camper Volunteer _____. Camper Volunteers will receive more information and expectations with their confirmation notices.

As with all campers, camper volunteers can only attend camp for one week every summer.

FEES

Make checks/money orders payable to Ks. JC Cerebral Palsy Ranch.

One check/money order for all fees to the camp is fine. Please denote totals for each item in memo.

For the regular one week session, the actual program cost per camper is \$1000.00. However, we only ask campers to help us come up with a camper-ship fee of \$625 (sliding fee scale). We encourage campers to pay what they can. **If you cannot afford the camp fee, we request that you send a minimum of \$100 from any source AND approach friends, family, civic organizations or businesses in your community to raise the remaining camper-ship fee OR if you are on a state waiver and self direct pay, declare us your attendant for the week and send the appropriate paperwork with your application.**

Camper Fundraiser For The Ranch

On page **11...** You will find the Current Fundraiser Letter – please sign the original, make many copies and try to accomplish a goal of **at least** 6 buyers. You do not collect any money, you do not have to deliver any product The people that are purchasing from you simply go to the internet and order on-line. **AGAIN – SIGN YOUR NAME, MAKE THE COPIES, AND HAND THEM OUT.**

Fund Your Way To Camp!

Your help is needed to make the camping season possible. It is your responsibility and duty to find the necessary funds to help secure your place at camp. You are encouraged to ask businesses in your area (such as parent’s place of employment, your doctor or dentist, local businesses), organizations (civic or church) or persons (relatives, neighbors) if they would help you get to camp by giving you a tax-deductible donation. We are a 501 C (3) organization.

On Page 10... You will find one page of tax-deductible donation receipts- I encourage you to copy this page and give to all who give help you get to camp!

Please list funds & source enclosed for camper-ship: \$ _____

Funds & sources expected: \$ _____

We are now accepting Credit Card Payments - Total Amount to be credited: \$ _____

Credit Card Payment Method: American Express Visa MasterCard

Credit Card # _____ Exp. Date __/__/____ (MM/YYYY)

**ORDER SCRIPS!!!! An exciting new idea for funding for the Ranch! Have EVERYONE order their gift cards from you online! They get the card for the exact amount that they spent but we get a portion from the business! See page 12 for more details! This is an exciting program that is easy! Instead of using a credit card, cash or checkbuy from us first and let us reap the benefits!!!!
Make many copies – hand them out!!!**

Camp T-shirts & Group Photos

- Camp group photos will be available for **\$5**
- T-shirts will be **\$12**

To guarantee T-shirt availability, please **pre-pay and circle your size.**

(Youth) M L (Adult) Small Med. Large XL XXL XXXL

**Camper –if you ask for help from individuals, businesses or civic groups..
don't forget to give them one of these forms so that we can credit your
efforts.**

CAMPER SPONSORSHIP PROGRAM	
Make checks to: KS Jaycees' Cerebral Palsy Ranch, PO Box 267 Augusta, KS 67010	
CAMPER _____	
___ \$100 Camper Club	___ \$300 Counselor Club
___ \$600 Camp Jaycee Club	___ \$1200 Camp Director's Club
___ \$3000 Board of Director's Club	___ Other-\$ _____
_____ <i>Signature</i>	
Thank you for your generous support!	
Because of the camper, we exist.....	
Because of <i>you</i> , we can continue to change lives –	
<i>Over 40 Years of Creating Memories To Last A Lifetime!</i>	

CAMPER SPONSORSHIP PROGRAM	
Make checks to: KS Jaycees' Cerebral Palsy Ranch, PO Box 267 Augusta, KS 67010	
CAMPER _____	
___ \$100 Camper Club	___ \$300 Counselor Club
___ \$600 Camp Jaycee Club	___ \$1200 Camp Director's Club
___ \$3000 Board of Director's Club	___ Other-\$ _____
_____ <i>Signature</i>	
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CAMPER SPONSORSHIP PROGRAM	
Make checks to: KS Jaycees' Cerebral Palsy Ranch, PO Box 267 Augusta, KS 67010	
CAMPER _____	
___ \$100 Camper Club	___ \$300 Counselor Club
___ \$600 Camp Jaycee Club	___ \$1200 Camp Director's Club
___ \$3000 Board of Director's Club	___ Other-\$ _____
_____ <i>Signature</i>	
Thank you for your generous support!	
Because of the camper, we exist.....	
Because of <i>you</i> , we can continue to change lives –	
<i>Over 40 Years of Creating Memories To Last A Lifetime!</i>	

****CAMPER....Add your name & Make SEVERAL copies of this form,
CUT THEM AND PASS THEM OUT!!!****



The Kansas Jaycees' Cerebral Palsy
Foundation, Inc.
P.O. Box 267
Augusta, Kansas 67207
316.775.2421
<http://www.cpranch.org>
execdirector@cpranch.org

Dear Friend,

I'm fundraising to help the Kansas Jaycees' Cerebral Palsy Ranch in Augusta, Kansas. You can help me reach my goal simply by ordering online from Current Fundraiser. It's easy to do, you can choose from lots of fun and practical products, and 50% of your total purchase goes directly to help me get to camp!

Just follow these easy steps:

Log on to the Internet at:

<http://www.currentfun.com>

Shop to your heart's content. You can choose from loads of reasonably priced cards, gift wrap, gifts, candy and treats, even popular magazine subscriptions. Look for special fundraiser Internet offers, too.

When you check out, select:

State: **Kansas**
Organization: **The Kansas Jaycees' Cerebral Palsy Foundation**
City: **Augusta**
Participant #: **000002**

Submit your *secure order* (using your credit card for payment). Your purchase will be shipped directly to you.

Enjoy your top-quality *Current* products, while you help me meet my fundraising goal!

Thanks for helping!

P.S. 50% of your total order is TAX DEDUCTIBLE – so make sure you keep your receipt.

The Kansas Jaycees' Cerebral Palsy Foundation, KS
Use SCRIP

Help Camper...

Enrollment Code:
 AEEA4L1311954

Go Online and Order Yours Today!!!!
www.shopwithscrip.com

Books/Music

Amazon
 Barnes & Noble
 Borders
 iTunes

Computers & Supplies

Best Buy
 Office Depot
 Office Max
 Staples

Uniforms/Clothes

Dennis Uniforms
 Lands' End
 LL Bean

House & Home

Bed Bath & Beyond
 Crate & Barrel
 Williams Sonoma
 Pier One

Fix-It

Sears
 Lowes
 Home Depot

Clothes

American Eagle
 Gap/Old Navy
 JCPenney
 Kohl's
 Macy's
 TJMaxx

Care Package Gifts

AMC Theatres
 AT&T 120 Minute Card
 Burger King
 iTunes
 Starbucks
 Wendy's

Just for Fun

Toys-R-Us
 KB Toys
 GameStop
 Chuck E Cheese's
 Build-A-Bear
 Disney

Active Lifestyles

Orvis
 Bass Pro Shop
 Cabela's
 Dick's Sporting Goods
 Sports Authority
 REI

Other

Bath & Body Wks
 Harry & David
 Hickory Farms
 Claire's
 AMC/Regal
 Kay jewelers

YOUR GOING TO BUY ITEMS FROM THESE PLACES AND MORE – BUY A PREPAID CARD FIRST! WE EARN %!

The Kansas Jaycees' Cerebral Palsy Foundation, KS
Use SCRIP

Help Camper...

Enrollment Code:
 AEEA4L1311954

Go Online and Order Your Today!!!!
www.shopwithscrip.com

Books/Music

Amazon
 Barnes & Noble
 Borders
 iTunes

Computers & Supplies

Best Buy
 Office Depot
 Office Max
 Staples

Uniforms/Clothes

Dennis Uniforms
 Lands' End
 LL Bean

House & Home

Bed Bath & Beyond
 Crate & Barrel
 Williams Sonoma
 Pier One

Fix-It

Sears
 Lowes
 Home Depot

Clothes

American Eagle
 Gap/Old Navy
 JCPenney
 Kohl's
 Macy's
 TJMaxx

Care Package Gifts

AMC Theatres
 AT&T 120 Minute Card
 Burger King
 iTunes
 Starbucks
 Wendy's

Just for Fun

Toys-R-Us
 KB Toys
 GameStop
 Chuck E Cheese's
 Build-A-Bear
 Disney

Active Lifestyles

Orvis
 Bass Pro Shop
 Cabela's
 Dick's Sporting Goods
 Sports Authority
 REI

Other

Bath & Body Wks
 Harry & David
 Hickory Farms
 Claire's
 AMC/Regal
 Kay jewelers

YOUR GOING TO BUY ITEMS FROM THESE PLACES AND MORE – BUY A PREPAID CARD FIRST! WE EARN %!

The Kansas Jaycees' Cerebral Palsy Foundation, KS
Use SCRIP

Help Camper...

Enrollment Code:
 AEEA4L1311954

Go Online and Order Your Today!!!!
www.shopwithscrip.com

Books/Music

Amazon
 Barnes & Noble
 Borders
 iTunes

Computers & Supplies

Best Buy
 Office Depot
 Office Max
 Staples

Uniforms/Clothes

Dennis Uniforms
 Lands' End
 LL Bean

House & Home

Bed Bath & Beyond
 Crate & Barrel
 Williams Sonoma
 Pier One

Fix-It

Sears
 Lowes
 Home Depot

Clothes

American Eagle
 Gap/Old Navy
 JCPenney
 Kohl's
 Macy's
 TJMaxx

Care Package Gifts

AMC Theatres
 AT&T 120 Minute Card
 Burger King
 iTunes
 Starbucks
 Wendy's

Just for Fun

Toys-R-Us
 KB Toys
 GameStop
 Chuck E Cheese's
 Build-A-Bear
 Disney

Active Lifestyles

Orvis
 Bass Pro Shop
 Cabela's
 Dick's Sporting Goods
 Sports Authority
 REI

Other

Bath & Body Wks
 Harry & David
 Hickory Farms
 Claire's
 AMC/Regal
 Kay jewelers

YOUR GOING TO BUY ITEMS FROM THESE PLACES AND MORE – BUY A PREPAID CARD FIRST! WE EARN %!

*****CAMPER....Make SEVERAL copies – Cut them and pass them out!!!*****

Name: _____

**** RETURN SURVEY W/ APPLICATION PAPERWORK – THANK YOU****

Please indicate how often each of the statements below is descriptive of you. Circle one letter for each statement:

‘O’ indicates ... “I OFTEN feel this way”
‘S’ indicates “I SOMETIMES feel this way”
‘R’ indicates “I RARELY feel this way”
‘N’ indicates “I NEVER feel this way”

1. How often do you feel unhappy doing so many things alone? O S R N
2. How often do you feel you have nobody to talk to? O S R N
3. How often do you feel you cannot tolerate being so alone? O S R N
4. How often do you feel as if nobody really understands you? O S R N
5. How often do you find yourself waiting for people to call or write? O S R N
6. How often do you feel completely alone? O S R N
7. How often do you feel you are unable to reach out and communicate with those around you? O S R N
8. How often do you feel starved for company? O S R N
9. How often do you feel it is difficult for you to make friends? O S R N
10. How often do you feel shut out and excluded by others? O S R N

Ks. Jaycees' Cerebral Palsy Ranch
P.O. Box 267
Augusta, KS 67010



Questions?

Call the office at 316-775-2421. If no one is available, please leave a message and we will get back to you....

OR Buddy (Cheryl) the Executive Director at execdirector@cpranch.org

OR **WRITE** to P.O. Box 267, Augusta, KS 67010

Campers love to receive mail! If you would like to send a letter to a camper while attending camp or to the camp staff, you can send it to:

6411 SW 50th, El Dorado, KS 67042.

We will have a drop box for letters when you drop off your camper for the week as well.