

SUMMER 2010

Kostopulos Dream Foundation
Home of
Camp Kostopulos
1967 — 2010



1910 — 2010
American Camp
Association
Celebrating 100
Years



United Way of Salt Lake

“Committed to opening a world of opportunities for people with disabilities”



KDF/Camp Kostopulos
2500 Emigration Canyon
Salt Lake City, UT 84108

Residential Camp Dates

| | |
|----------------|---------------------------------|
| May 31-June 4 | Adult Camp Week |
| June 5th | Family Fun Day & Open House |
| June 7-11 | Teens w/ Cognitive Disabilities |
| June 14-18 | Youth w/ Physical Disabilities |
| June 21-25 | Adult Camp Week |
| June 28-July 2 | Kids w/ Cognitive Disabilities |
| July 5-9 | Teens w/ Cognitive Disabilities |
| July 12-16 | Youth w/ Cognitive Disabilities |
| July 17-23 | Children's Tumor Foundation |
| July 24-30 | Children's Tumor Foundation |
| Aug 2-6 | Organ Transplant Week |

Travel Trip Camp Dates

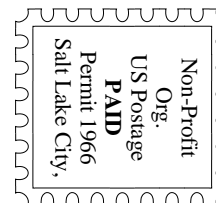
| | |
|----------------|----------------------------------|
| June 7-11 | Adults to S. Utah/Grand Canyon |
| June 14-18 | Adults to S.L. Valley |
| June 21-25 | Teens to S. Utah/Grand Canyon |
| June 28-July 2 | T/A to Zion/ Maynard Dixon |
| July 5-9 | Adults to Yellowstone |
| July 12-16 | T & A to Bryce/ Cap. Reef |
| July 19-23 | Teens to Yellowstone |
| July 26-30 | T & A to Jackson Hole/ Teton |
| Aug 2-6 | Adults to Great Basin Nat'l Park |
| Aug 2-6 | Teens to Salt Lake Valley |

Residential Camp and Travel Trip Fee

The actual cost for one camper per week is **\$750.00**. Your help is appreciated in paying the minimum of **\$405.00** and any additional amount toward the **\$750.00**.

Please mail payment & registration to:

Kostopulos Dream Foundation
2500 Emigration Canyon Rd.
Salt Lake City, UT 84108
www.campk.org (801) 582-0700
Fax (801) 583-5176





Residential Summer Camp

Come join Camp K in making unforgettable memories! Our goal is to provide a summer camp that promotes a healthy recreation and therapeutic leisure lifestyle for

individuals with physical and cognitive disabilities. Campers will have opportunities through camp activities for building relationships, increasing independence, and gaining more self confidence.

The five-day, four-night residential camp begins Monday morning and ends Friday at noon. Campers stay in bunk-style cabins with restrooms and have 24-hour supervision by our trained staff. Each week of camp is designed to accommodate a different age and ability. Ages are generally broken up by Kids (7-12), Youth (10-17), Teen (13-22), or Adult (21+) weeks. Campers have the opportunity to participate in arts/crafts, canoeing, nature, horseback riding, low/high ropes course, climbing wall, swimming, fishing, etc.



Travel Trip Adventures

See the enclosed flyer for details about the 10 exciting trips we have planned this summer. Prior approval is required to attend trip camps. Interested campers will be contacted by program coordinators after receiving trip camp registration. Campers need to be able to work on a strict 4:1 camper to staff ratio, be able to take care of their own personal care needs, and have no current tendency of wandering/running, or aggression to self or others.



Camp Kostopulos is accredited by the American Camping Association, an agency that sets standards and reviews camp operations across the U.S.



IMPORTANT INFORMATION—PLEASE READ

Sign up early! Camp reservations are on a first-come, first-serve basis. The supervision ratio is one counselor for every four campers. If your camper needs a higher level of supervision, prior approval must be given and every effort will be made to accommodate him/her. Contact the program coordinators for approval of special arrangements. Nurses are on-site during the day and evening and on-call at night. Financial aid/scholarships are available to those who qualify. All campers must be free from illnesses at time of check in. Due to county safety standards all campers that have a history of incontinence or a recent sickness must wear swim diapers in the pool. These can be purchased at local medical supply stores or at Camp K for a nominal fee. Campers may be sent home at any time for illness or aggression towards other campers or staff. If you have any questions please contact Jared or Melissa at 801-582-0700 ext. 100 or 101.

REGISTRATION FORM

Please PRINT clearly!

Camper Name: _____

Parent/Guardian: _____

DOB: ____/____/____ Gender: M F

Address: _____

City: _____ St: _____ Zip: _____

Day Phone: (____) _____

Evening Phone: (____) _____

Email: _____

Primary Disability: _____

Desired Camp Week: _____

(circle one) Residential or Travel Trip

Second Choice Week: _____

(circle one) Residential or Travel Trip

Has camper attended Camp K in the past? Y N

T-Shirt size: Child: SM MED LG XL

Adult: SM MED LG XL 2XL 3XL

***** By completing this registration form , you agree that if the camper is sent home for endangering the safety of staff or campers, there is no refund on unused camp days*****

PAYMENT METHOD

Full payment received before Feb 28, 2009 **\$380.00**

Full payment received after Feb 28, 2009 **\$405.00**

***Minimum Deposit \$100.00 due with registration.**

Deposit is non-refundable.*

Balance due one week prior to camp week

___ Check/Money Order

___ DSPD Funds (**Do not send \$100 deposit**)

Caseworker: _____

Phone: _____

___ I would like to apply for financial assistance.

Enclosed is the \$100 minimum required deposit.

AMOUNT ENCLOSED: \$ _____

OFFICE USE ONLY

Amount Received: \$ _____

Date Received: ____/____/____

Check#: _____

Trip Approval: _____ Date: _____