



Date _____
Initials _____

A program of Portland State University and Pacific University **for families living with Aphasia**

**2011 CAMP REGISTRATION**

Name of stroke survivor with aphasia: \_\_\_\_\_ Year of aphasia diagnosis \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about Stroke Camp Northwest? \_\_\_\_\_

Family member or friend who will be accompanying you: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Will any additional family members be attending with you?

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____

Emergency Contact Person & Relationship	Telephone Number
_____	_____

\_\_\_\_ Saturday Day Camp (August 20<sup>th</sup>)                      Number of people \_\_\_\_\_ x \$80.00 per person

\_\_\_\_ Weekend Camp, August 19<sup>th</sup>, 20<sup>th</sup>, & 21<sup>st</sup>                      Number of people \_\_\_\_\_ x \$160.00 per person

\_\_\_\_ We would like to request a full or partial scholarship to attend.

**Please include full payment with this form unless you are requesting a scholarship.**

Registration is not tax deductible.

Make checks payable to:  
**Stroke Recovery and Rehabilitation Fund**

A \$10 service fee will be deducted from deposits if you cancel before August 1, 2011. (Payment is non-refundable after August 1, 2011).

Please mail this form and your deposit to:  
Dept. of Speech and Hearing Sciences  
Stroke Camp Northwest  
Portland State University  
PO Box 751  
Portland, OR 97207-0751

**OFFICE USE ONLY**

Application accepted

Application denied \_\_\_\_\_

Applicant waitlisted

Processed by \_\_\_\_\_

Confirmation packet/waitlist notification/denial notice sent on \_\_\_\_\_

Waitlisted applicant invited on \_\_\_\_\_

NOTES

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