

Camp John Marc Family Getaway Application

Family Name: _____

Number of Family Members: _____

Please list all family members who will be coming to camp and the ages of all children:

Address: _____

City, State, Zip: _____

Phone Number(s): Home _____ Work/Cell _____

Email Address: _____

Referred to camp by: _____

Child's name that has a qualifying medical condition: _____

Medical condition of son/daughter: _____

Treating Hospital/Doctor: _____

Parent/Guardian signature: _____ Date: _____

Please return to:

Annie Shepard
Camp John Marc
2824 Swiss Ave.
Dallas, TX 75204
214-360-0056

ashepard@campjohnmarc.org

***You will be contacted about available
Getaway dates once we receive and process your application.***