



Dear Friend,

Thank you for your interest in Camp Hope 2018. Camp Hope's mission is to create a healing environment for those living with cancer by fostering meaningful relationships with others through shared experiences, relaxation and fun.

Camp Hope is presented by Northside Hospital-Atlanta Auxiliary, in cooperation with the Northside Hospital Cancer Institute. It will take place on **April 27-29** at Camp Twin Lakes in Rutledge, GA. The weekend is free to all participants and transportation is provided from Northside Hospital-Atlanta to and from Camp Twin Lakes.

If you are interested in joining us for Camp Hope, please fill out the application and return it **as soon as possible** as our openings fill up quickly. Camper acceptances are contingent on a phone interview with an oncology nurse and are on a **first come first served** basis, with priority given to Northside Hospital Cancer Institute patients. **Applications will not be accepted after March 30, 2018.**

Northside Hospital-Atlanta Auxiliary, Attention: Camp Hope  
1000 Johnson Ferry Rd NE, Ste. 961  
Atlanta, GA, 30342  
Fax: 404-845-5557  
e-mail: [camphopeatl@gmail.com](mailto:camphopeatl@gmail.com).

We hope that you will choose to be a part of Camp Hope, and look forward to hearing from you soon!

Sincerely,

*Marianne Askew and Sally Joyce*

Marianne Askew and Sally Joyce  
Camp Hope Co-Chairs  
Northside Hospital-Atlanta Auxiliary



**An Adult Cancer Retreat sponsored by Northside Hospital-Atlanta Auxiliary**  
***For further information call 404-851-8992***

## **Our Mission Statement:**

The mission of Camp Hope is to create a healing environment for those living with cancer by fostering meaningful relationships with others through shared experience, relaxation and fun. We are not meant to make the journey alone.

## **What is Camp Hope?**

Camp Hope is a full weekend adult cancer retreat offered at no cost to participants. The retreat is alcohol free and smoke free and features entertainment and many fun activities.

## **Who sponsors the retreat?**

Camp Hope is a community outreach project sponsored by Northside Hospital – Atlanta Auxiliary. It is made possible through volunteer fund-raising projects.

## **Who can attend?**

A Camper must be 18 or over, diagnosed with cancer, no more than one year out of treatment, and must be ambulatory and independent. Northside Hospital patients will have priority.

## **Who is the Staff?**

Retreat personnel include members of Northside Hospital Auxiliary, previous campers/buddies and professional staff from Northside Hospital.

## **Where is the Camp located?**

The retreat is located at Camp Twin Lakes in Rutledge, GA. All rooms are air-conditioned and sleeping accommodations are double occupancy. Roommates will be assigned.

## **How do I get there?**

Bus transportation to and from Camp Hope is provided by the Northside Hospital-Atlanta Auxiliary.



**GENERAL INFORMATION**  
PLEASE PRINT NEATLY

Last Name:	First Name:	MI:	Preferred Name:
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Street Address \_\_\_\_\_

City:	State	Zip:
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Preferred Contact Number:	Best days/times to contact you for phone interview:
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Email Address (please <b>print neatly</b> —this is extremely important):	Date of Birth: _____/_____/_____
	Age: _____

**I give my permission for my physician/mid-level provider to provide any addition information for my participation in Camp Hope.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Gender:	Type of Cancer:	Are you currently in treatment:
Male _____ Female _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

What kind of treatment are you receiving and what day(s) of the week?	Date of treatment closest to start of Camp Hope:
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Physician's Name:	Treatment facility:
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List any other medical conditions: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

List any special dietary requests, eating/swallowing issues, etc.: \_\_\_\_\_

List any medications you are currently taking (use a separate sheet of paper if necessary): \_\_\_\_\_

**EMERGENCY CONTACT**

Name:	Relationship:
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Home Phone:	Cell Phone:
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**OTHER PERTINENT INFORMATION**

**VERY IMPORTANT:** All rooms at camp are on the second floor. You will need to be able to go up and down a flight of 20 steps 5-6 times/day. We do have a golf cart to help you get to different areas of the camp if needed.

**Walking capability:**  Independent  Cane  Walker

**How many times a day are you able to climb a flight of 20 steps?**

1  2  3  4  5  Unlimited

**Are you experiencing any neuropathy?**  Yes  No **If yes, where?** \_\_\_\_\_

**Are you able to get in and out of a shower/tub without assistance?**  Yes  No

**Do you use a C-Pap, Bi-Pap or oxygen at night while sleeping?**  Yes  No

**All rooms at camp have at least 2 beds. Is there anything we should know about your sleeping habits that would be helpful in assigning a roommate?**

**T-shirt size (please circle):** S M L XL XXL **Sweatshirt size (please circle):** S M L XL XXL  
Sweat shirts run large.

**You may invite 2 family members/friends to join us at Camp Twin Lakes on Sunday for a special closing at 10:00 AM and/or lunch at noon.** **Number of guests joining you:**  0  1  2

**How did you find out about Camp Hope?**

Since Camp Twin Lakes is a place primarily for children and there will be children using other areas of the facility when we are there, for their safety, we are required to run an online background check on the National Sex Offender's Registry (NSOR) for all participants of Camp Hope. Any report that indicates any activity other than fully "clear" will be shared with the Camp Twin Lakes Camp Director before that individual will be allowed to participate on the camp property at Camp Twin Lake's decision.

**Send completed application by March 30, 2018 to:**

**Northside Hospital-Atlanta Auxiliary, 1000 Johnson Ferry Rd. NE, Atlanta, GA 30342**

**Fax: 404-845-5557**

**Email: camphopeatl@gmail.com**

**TO BE COMPLETED BY PHYSICIAN OR MID-LEVEL PROVIDER**

\_\_\_\_\_ has medical approval to participate in Camp Hope. The camp weekend, scheduled April 27-29, 2018 will offer a variety of indoor and outdoor activities. Nursing personnel will be available throughout the weekend.  
The following restrictions apply to my patient (if none, so state):

**Physician or mid-level Practitioner's**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_