

Washington State FASD Summer Camp
NOFAS Washington c/o Julie Gelo
PO Box 13182
Mill Creek, WA 98082
Phone: (206)940-2832
Fax: (425) 485-8968

April 15, 2007

Dear Parent/s:

Your family is invited to participate in the fifth annual Washington State FASD (Fetal Alcohol Spectrum Disorder) Summer Camp, sponsored by the FAST Friends Family and Community Support Network, the Fetal Alcohol Syndrome Diagnostic and Prevention Network and NOFAS Washington! The fun will take place Wednesday August 22 through Sunday August 26, at Camp Volasuca in Sultan, Washington (just 40 miles northeast of Seattle).

The camp will feature activities for children and adolescents with FASD, their parents, and even their siblings, so remember to bring the whole family. Parent training activities will be offered by the FAS DPN staff and others.

Camp lodging, meals, and activities are included. This includes meals and snacks from Wednesday through Sunday lunch. Camp accommodations include tent cabins with bunk beds, bathroom and shower facilities, a swimming pool, trampoline, miniature golf course, playfield, and many other camp amenities.

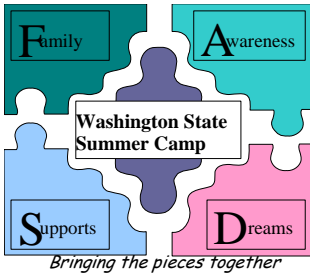
If your family would like to participate, please fill out the enclosed registration form and have it mailed in by June 1st along with a \$350.00 registration fee made out to NOFAS Washington. This registration fee insures your spot for your entire family. If you have any questions or concerns about the fee please contact us for scholarship information. Spots will be filled on a first come first serve basis and the camp is limited to 100 participants (about 20 families), so don't wait! We will send a follow-up letter by July 1st to confirm your participation and provide you with more information about what to bring, directions, agenda, etc.

If you have any questions, please contact us at (206) 940-2832.

Sincerely,

Christie Connors
President, NOFAS Washington

Julie Gelo
Executive Director, NOFAS WA



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Family Name/Contact _____
 Address _____
 Phone: _____ E-mail _____

Please list below, those family members who will be attending camp; remember to include yourself!

Name	Age	M/F	FASD?
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N

Special accommodations are needed for one or more participants (e.g. wheelchair accessibility). Please explain: _____

Upon confirmation, we will be asking families to complete a camper profile for each child attending camp.

I release Washington State FASD Summer Camp 2007, NOFAS Washington and all representatives and agencies involved of any and all liability for injuries or accidents at camp.

Signature _____ Date _____

I hereby give permission for photos and videos to be taken of myself and all family members under the age of 18 years old listed above to be used in displays, newsletters, etc. promoting FASD Camps.

Signature _____ Date _____

Additional Adult
 Signature _____ Date _____