



Signs of Hope Camp

Social Worker Name: \_\_\_\_\_

Agency/County: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Supervisor on Call/After Hours contact: \_\_\_\_\_

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

Attention: Judy Holmes  
Help One Child  
858 University Avenue  
Los Altos, CA 94024  
650-917-1210

RE: **Signs of Hope Camp**  
**Mission Springs, Santa Cruz**  
**Aug 6-10, 2017**

To Whom It May Concern:

I have been the case worker for \_\_\_\_\_ from \_\_\_\_\_  
Enter Name of Child Starting Date  
through the date below.

I have read the material provided to me. I have had the opportunity to review the camp website at [helponechild.org/signs-of-hope-camp-campers](http://helponechild.org/signs-of-hope-camp-campers) and ask Help One Child any questions I might have regarding the overnight camp curriculum and understand that this is a California certified camp facility.

I am aware that the child named above will be attending this camp and have sought the necessary approvals, if any.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return to:**  
Help One Child  
858 University Avenue Los Altos, CA 94024  
email: [judy@helponechild.org](mailto:judy@helponechild.org)