



Signs of Hope Camp

Social Worker Name: _____

Agency/County: _____

Business Address: _____

Telephone Number: _____

Help One Child
858 University Avenue
Los Altos, CA 94024
Attention: Judy Holmes

RE: **Signs of Hope Camp**
Mt. Hermon, Santa Cruz
Aug 16-20, 2010

To Whom It May Concern:

I have been the case worker for _____ from
Enter Name of Child

_____ through the date below. I have read the materials
Starting

provided to me by his/her parent which include the camp brochure . I have
had the opportunity to 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