



# The Hemispherectomy Foundation

*Hope In One Hemisphere!*

*Dedicated to Children and Families  
Impacted by Hemispherectomy Brain Surgery*

## Family Retreat

July 8-11, 2010  
Jameson Camp  
Indianapolis, Indiana

*Join other Hemi Families and Friends for a Relaxing  
and Informative Weekend*

**\*\*\***

*Make Some Unforgettable Memories*

[www.jamesoncamp.org](http://www.jamesoncamp.org)  
[www.hemifoundation.org](http://www.hemifoundation.org)

**\* \* Registration deadline is June 15, 2010 \* \***

# REGISTRATION FORM

**\*\*\* Deadline June 15, 2010 \*\*\***

Please mail ALL required registration information to:  
The Hemispherectomy Foundation, PO Box 1239, Aledo, TX 76008

All Registration Forms for hemi families postmarked prior to May 15 will be entered to win \$1,000 Travel Cash

**Number of ADULTS (aged 12 and older) attending:** \_\_\_\_\_ **x \$99 = \$** \_\_\_\_\_

First and last name of each adult. Check box if they are requesting on-site lodging.

1. \_\_\_\_\_ ☐ 2. \_\_\_\_\_ ☐  
3. \_\_\_\_\_ ☐ 4. \_\_\_\_\_ ☐

**Number of CHILDREN ages 3-11** \_\_\_\_\_ **x \$59 = \$** \_\_\_\_\_

First and last name of each child. Check box if they are requesting on-site lodging.

1. \_\_\_\_\_ ☐ 2. \_\_\_\_\_ ☐  
3. \_\_\_\_\_ ☐ 4. \_\_\_\_\_ ☐  
5. \_\_\_\_\_ ☐ 6. \_\_\_\_\_ ☐

**Number of children 0-2** \_\_\_\_\_ **(free)**

First and last name of each child under 3. Check box if they are requesting on-site lodging.

1. \_\_\_\_\_ ☐ 2. \_\_\_\_\_ ☐  
3. \_\_\_\_\_ ☐ 4. \_\_\_\_\_ ☐

**Total Registration \$** \_\_\_\_\_

## **Dietary Needs and Restrictions:**

☐ Vegetarian \_\_\_\_\_  
☐ Allergies (please list) \_\_\_\_\_

## **Contact Information**

Name \_\_\_\_\_

Name of hemi child, adolescent or adult \_\_\_\_\_

Street \_\_\_\_\_

City, state, zip \_\_\_\_\_

Home phone \_\_\_\_\_

Work/cell \_\_\_\_\_

Email address \_\_\_\_\_

☐ I'd like to help other hemi families attend the 2010 conference. My check for \$ \_\_\_\_\_ is enclosed.

☐ Yes, I plan to participate in the Success Stories Display. (*Information below*)

# Share Your Story of Success

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## **Success Stories Display**

Does your family or your child have some great successes or accomplishments you'd/they'd like to share? We would love to have families share these with each other at our retreat. We believe they can provide immeasurable HOPE to families new to the hemi journey, or contemplating it. We also know that each hemi child's (or adult's) success is something that we ALL want to celebrate...as we are family and that's what families do! Please consider taking the time to make a success or story board or album to share with other families at the retreat.

We are looking for this story to be told on a board, or in a scrapbook, or any alternative format, that can be displayed and available for viewing by other families throughout our retreat. You can be as creative as you'd like and you can use the presentation medium of your choosing. We just ask that you adhere to the following requests:

- ✓ Easily displayable – on a wall or table or easel
- ✓ Viewable and readable in totality in 15 minutes or less
- ✓ Positive in nature (success, accomplishment, joy, and HOPE driven)

We strongly encourage every family/hemi adult to create a “story” project to share. Please keep in mind your travel plans in planning for the project. If you need to ship it ahead of the reunion, please send to:

Holly Paauwe  
4009 Winding Way  
Indianapolis, IN 46220

She will do her best to safely store it until the retreat and then get it there.

NOTE: For planning purposes, please note on your registration form that you plan to submit a story to share. This way we can plan appropriate display space BEFORE everyone arrives. Please plan to bring the story project at your first opportunity, preferably during registration on Thursday, July 8<sup>th</sup>, if you have not mailed it ahead of time.

*The Hemispherectomy Foundation has generously sponsored this event to reduce the cost for families. This sponsorship covers use of Jameson Camp facilities, 2 nights of on-site lodging and some activities. Through this sponsorship and registration fees, each attendee receives access to camp facilities, meals, on-site retreat lodging and all programs/activities.*

### **Camp Facilities**

Jameson Center, Peace Center, Annis Nature, Arts and Craft Pavilion, Health Center, All Lodges (excluding Staff Lodge and Hawley Lodge), Basketball Court, Open Game Fields, 100 acre site with woods, creeks, meadows and hiking trails. There will also be limited access to the pool and campfire circle should weather permit.

### **Meals**

Thursday Dinner

Friday Breakfast, Lunch, Dinner

Saturday Breakfast, Lunch, Dinner

\*Additional snacks and drinks are also included.

### **Retreat Lodging**

July 8th & 9th at Jameson Camp, Indianapolis, Indiana. Thursday and Friday nights only for those that want to stay on-site and register to do so. Cabins will be filled to a maximum of 24 persons per cabin (120 total). Each cabin has two sleeping rooms, each with 12 bunk-style twin beds, with a central living space and bathroom/showers. Each cabin is air-conditioned. Those staying on-site should bring twin bedding, or a sleeping bag.

*Please note, this is like summer camp. If it isn't for you, you should make arrangements to stay off-site (see Hotel info sheet). Your registration fee cannot be reduced if you stay off-site, as on-site lodging is provided through Foundation sponsorship.*

### **Programs/Activities**

Many of these are being determined at this time. More details will be forthcoming. See [www.hemifoundation.org](http://www.hemifoundation.org) for the most up-to-date information and schedule.

**Pool Use:** The Pool will be open during specified times that will be shared at Check-in.

**Campfire Circle:** If weather permits, we may have a Family Activity and roast S'mores.

### **What's not covered?**

All other meals, hotel costs for Saturday night, any stays outside Jameson Camp, Transportation, and anything not mentioned here.

### **Prorated Fees**

In fairness to all families and because programming, activities and meal planning fees are an integral part of the registration cost calculation, no prorated or partial registration fees can be accepted. Even if you are only able to attend a small portion of the retreat, the registration fee remains the same.

### **Attire**

Casual attire is appropriate for all events. Be sure to bring your swimsuit for the outside pool. Shorts and other summer wear is appropriate. This is about being relaxed, so wear what makes you comfortable. Indiana summer temperatures can vary between 65-95 degrees. The evenings may be chilly, so you may want a jacket.

**FAMILY SCHOLARSHIPS** This is a time of extreme financial hardship for many families. The Hemispherectomy Foundation has made a commitment to help families in need attend the retreat where funds are available. All decisions about this assistance will be kept confidential and will be determined by the Foundation's Board of Directors.

Email: [Cris@HemiFoundation.org](mailto:Cris@HemiFoundation.org).

Deadline: Please submit your request as soon as possible, but no later than May 1, 2010. All decisions will be made by May 15.

Families are also encouraged to seek the help of local organizations such as Rotary Club and local charities. For families needing medical transportation, please contact: [angelflight.com](http://angelflight.com)

**GIVING BACK ~ A Way to Help Your Community:** Only a family walking this hemispherectomy journey can truly understand what it takes in terms of time, financial outlays, adjustments to job and career, and flexibility of other family members (although a practitioner watching a family walk this path may also have an empathetic understanding). It is with the eyes of this empathy that we are asking families to reach out to another family in need by making a donation so that more families can attend the retreat. \$10 would be appreciated; \$100 or more would possibly mean the difference between someone attending and not.

**ALL DONATIONS ARE TAX DEDUCTIBLE.** Please make checks out to The Hemispherectomy Foundation and please specify that this is for the Scholarship for Families fund. This check must be separate from the registration payment, but we ask that it be enclosed in the same envelope.

Medical deduction for conference attendees: An IRS ruling now allows parents to deduct the expenses of admission and transportation to a medical conference that is related to the chronic disease or illness of the individual's dependent. Meals and lodging are NOT allowed as a deduction. Contact your tax advisor for more information

**VOLUNTEERS NEEDED!** If you are interested and able to help before, during or after the retreat, please sign-up below by checking a box and indicating your contact information or indicate something special that you'd like to do. We'll need help with many things. Please contact Holly Paaue, [holly@hemifoundation.org](mailto:holly@hemifoundation.org), for details, or if you have an idea of how you want to help, please indicate below.

☐ Set-up (Only if You plan to arrive early) ☐ Registration and Sign-In ☐ Meals and Snacks

☐ Activities Helper ☐ I want to help any way that you need me

☐ I want to help with or by doing the following: \_\_\_\_\_

Name \_\_\_\_\_

Phone : \_\_\_\_\_ Alternate/Cell Phone : \_\_\_\_\_

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

Facebook : Yes \_\_\_\_\_ No \_\_\_\_\_





## PHOTO RELEASE

Date: \_\_\_\_\_

Location: Hemispherectomy Family Retreat (July 8-10, 2010 in Indianapolis, Indiana)

I hereby consent to and authorize the use and reproduction of my image in print, electronic or video format by the Hemispherectomy Foundation for educational purpose, to raise awareness of hemispherectomy in the medical community as well as in the broader public arena, and to benefit the hemispherectomy community as a whole.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

\*(under age 18)

Parent/guardian signature \_\_\_\_\_

Printed name \_\_\_\_\_

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

Contact Tel #: (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Please return 1 form per person. Make as many additional copies as you need.**

**Ready to Sign-up? Here's what you need to do:**

- ✓ Complete the registration information and volunteer portions of this brochure.
- ✓ Complete a photo release for each person attending.
- ✓ Write a check made out to "The Hemispherectomy Foundation" for registration fees.
- ✓ Include an optional donation to help other families attend the reunion if interested.
- ✓ Send everything together to:

**The Hemispherectomy Foundation**  
**PO Box 1239**  
**Aledo, Texas 76008**

