

Signs of Sobriety Inc. in collaboration with SAISD present

# SoberCamp 2007

**August 19-25**  
**Camp Mark Seven**  
**Old Forge, NY**

SoberCamp returns to Camp Mark Seven (CM7) in Old Forge New York once again! Signs of Sobriety, Inc. and SAISD are collaborating to coordinate an exciting retreat for people who are Deaf or Hard of Hearing in recovery from substance abuse and their families. Sobriety maintenance focused activities for the week will include fun outdoor recreation, team building games, family/relationship bonding, 12 Step meetings and more. This is an event not to be missed.

## Requirements For Attending SoberCamp 2007

- At least 30 days sober/clean time (no drug or alcohol use for at least 30 days)
- Individuals must be Deaf or Hard of Hearing (hearing family members or spouses may attend as a guest)
- \$25 non-refundable registration fee (will be applied to full camp cost)

FOR MORE INFORMATION,  
PLEASE FEEL FREE TO VISIT SOS WEBSITE:  
[WWW.SIGNSOFSOBRIETY.ORG](http://WWW.SIGNSOFSOBRIETY.ORG)  
OR CONTACT:

Contact: Steve Shevlin MSW, CCS  
Signs of Sobriety, Inc.  
100 Scotch Road, 2nd Floor  
Ewing, NJ 08628  
609-882-7177 - TTY  
Phone: 609-882-7677 voice  
Fax: 609-882-6808  
Email: [sshevlin@signsofsobriety.org](mailto:sshevlin@signsofsobriety.org)

Contact: Wendy DiMatteo  
SAISD  
(Substance and Alcohol Intervention  
Services for the Deaf)  
115 Lomb Memorial Drive, bldg 23A,  
Rochester NY 14624  
Phone: 585 475 4963  
Fax: 585 475 7375  
[wmdgrl@rit.edu](mailto:wmdgrl@rit.edu)

## Registration Fees

**Children = \$60**

**Adults = \$250**

**Before Apr 1= \$175**

**April 1– May 1= \$200**

**May 1– Aug 7= \$250**

Registration fees include  
6 nights at the lodge at  
Camp Mark Seven and  
all meals.

Additional activities such  
as water tubing, canoeing,  
and shopping trips to the  
town of Old Forge are the  
responsibility of the  
“campers.”



# SoberCamp 2007 Registration Form

Name Age Deaf/HoH/Hearing

Partner Age Deaf/HoH/Hearing

Child Age Deaf/HoH/Hearing

Child Age Deaf/HoH/Hearing

Child Age Deaf/HoH/Hearing

Address

City State Zip

Phone

Fax Email

## Notice to people applying for payment plan or partial scholarship:

- \$25 fee must be sent with this application to reserve your camp registration.
- The \$25 will be deducted from your camp cost.

## Cancellation:

No refunds after July 15, 2007

After completing this form please mail it along with your \$25 registration fee to:

## Signs of Sobriety, Inc.

100 Scotch Road,  
2nd Floor  
Ewing, NJ 08530

Or send info to \_\_\_\_\_

## SAISD

( Substance and Alcohol Intervention  
Services for the Deaf)  
115 Lomb Memorial Drive  
Bldg 23A  
Rochester NY 14624

## Interpreting needs

If you do not communicate using sign language and you need an oral or voice interpreter please check this box

## Deaf Blind interpreting needs

If you are Deaf Blind and require individualized Interpreting services please check this box.

## Allergies/Special Accommodations

Please list any additional accommodations, food allergies, or dietary needs below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long are you in Recovery/Sober?

Have you been to SoberCamp before? \_\_\_\_\_ What Year? \_\_\_\_\_

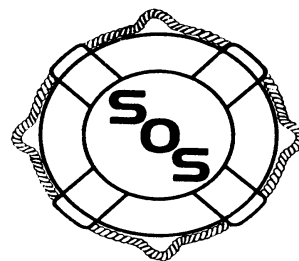
## Method of Payment

### I would like a payment plan

Enclosed is my registration fee of \$25. I will be sent more information about future payments in the mail.

### I would like to apply for a partial scholarship – Fill out questions below

Enclosed is my registration fee of \$25. I understand I am responsible to pay up to half of my registration costs.



Signs of Sobriety, Inc.

