



**ACMH Family Leadership Camp**  
**REGISTRATION FORM**  
**September 28 & 29, 2010    Lansing, Michigan**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Special Needs (diet, accommodations, smoking or roommate preference), please specify:

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

**Cost of ACMH 2010 Parent Leadership Camp: \$175**

*Scholarships Available (includes: meals, one night lodging double occupancy, training, and materials)*

I wish to request a scholarship     I have checked with my CMH and funds are not available

My local CMH or other community agency will be sponsoring my attendance

I will be paying for my attendance; a check or money order payable to ACMH is enclosed

**Sponsoring Agency/Organization (If you have one)** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Complete this form and mail to:**

Association for Children's Mental Health  
6017 W. St. Joe Hwy, Suite 200  
Lansing, MI 48917

Signature: \_\_\_\_\_

Questions??? Please Contact: Terri Henrizi on ACMH's statewide toll-free parent line:  
1-888-226-4543 or, by e-mail at [acmhterri@sbcglobal.net](mailto:acmhterri@sbcglobal.net).