



## A Parent & Camper Guide to Summer Fun!

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## About Us

### **Our Mission:**

“Chehaw inspires people to connect with nature and encourages conservation action through positive recreational and educational experiences.”

Camp Chehaw is a co-ed resident camp for children ages 8-14. Our camp is the perfect place for children to have fun, make lasting friendships and have the experience of a lifetime. Chehaw campers will develop a greater appreciation for the beauty of nature through many traditional camp activities like archery, canoeing, nature hikes, camping excursions, fun games, and arts and crafts.

What sets Camp Chehaw apart from the rest? We have a 100 acre AZA accredited zoo that campers get to visit daily. Not only will campers get to visit the zoo, but go behind the scenes to learn about many different types of animals from around the world.

These adventures in nature and behind the scenes encounters will not only create life long memories, but give children the opportunity to enjoy everything Mother Nature has to offer.

### **Our Staff:**

- Counselors are chosen for two main reasons. Number one, they genuinely care about children and number two, they want to share their appreciation of nature with children through wildlife experiences and nature excursions.
- All counselors go through vigorous pre-camp training to ensure all campers have a fun, safe experience during their stay
- Camp counselors are high school graduates with one or more years of college experience and previous experience as an overnight camp counselor
- Counselors work very closely under the Director of Education and Education Specialists with over 20 years of childcare and camp experience
- All staff members are First Aid and CPR certified
- All Staff members undergo background and drug screening before hire

## Camp Life

### **Camp Groups:**

Campers will be separated by age and maturity into two separate groups for day time activities. Typically campers are broken into ages 8-11 and 12-14. Each camp group will have a lead camp counselor, a camp counselor aid, and 2-3 counselors in training. During the evening boys and girls will separate into different sleeping/living spaces.

### **Natural Experiences:**

Campers get to experience all that Mother Nature has to offer. Each week campers will go canoeing down the beautiful Muckalee Creek. We will canoe multiple times throughout the week, so no matter what your experience, you will have time to learn or further develop your water skills.

Archery is another staple at Camp Chehaw. Every week campers will learn, practice, and improve on their archery skills through fun games.

During the stay at Camp Chehaw we will go on multiple nature hikes (even night hikes) and learn about the birds, mammals, reptiles, amphibians, and invertebrates of Southwest Georgia. Each day campers will even get to meet and interact with these animals!

### **Adventure Time:**

Campers can sign up for day and evening activities, including tomahawk throwing, mountain biking, BMX biking, night hikes, and arts and crafts.

The fun doesn't stop when the sun goes down! We have evening activities each night like campfire stories, talent shows, visits to the Casa de Luna (bat house), animal feedings after hours.....such as the alligators, and each week we will play an evening game of glow in the dark capture the flag!

### **Wild Zoo Encounters:**

Chehaw's 100 acre zoo is home to more than 200 animals from around the world like rhinos, cheetahs, and bears Oh My! Every day campers will go behind the scenes to meet one of these animals. While behind the scenes campers will see where they live, what they eat, ask the zookeepers questions, and even interact with the animals.

### **Free Time and Games:**

Each day after lunch campers have free time. Campers can use this time to read, nap, write letters or play games (outdoor or indoor). Campers can check out games like checkers, chess, or playing cards that can be used during free time; more active campers can play volleyball, badminton, cornhole, soccer or football during free time.

### **Living space:**

Campers will get the unique experience of living in an upscale teepee complete with a comfy cot, a place for clothing and personal items, plus a brand new restroom and shower facilities. Boys and girls will have separate living spaces.

**Sample Daily Schedule:**

7:00 AM- Wake up  
7:15- 8:15- Breakfast and Shower time  
8:30- Break into groups  
8:45- Group Activity  
10:15- Group Activity  
12:00- Lunch  
1:00- Free Time  
2:00- Group Classes  
3:30- Crafts or Games  
5:00- Animal Encounter  
5:45- Dinner  
6:45- Evening Activity  
8:00- Campfire  
9:00- Showers and Quiet Time  
10:00- Lights Out!

**The Beastro and Gift Shop:**

The Beastro is Chehaw's concession stand and will be open every evening. Campers may purchase snacks items and desserts such as chips, candy, ice cream, doughnuts and soda with most items ranging from \$0.50- \$2.00. Campers will also get a chance to visit the gift shop where they can purchase, T-shirts, hats, keychains, etc. Each camper will receive two camp t-shirts and a specialized Camp Chehaw water bottle!

**Meals:**

Even meals are part of the fun experience, campers will get to customize and make many of their meals. Many meals are created fireside, which means campers will learn new methods of cooking while enjoying friends and fellowship.

If campers do not like the meal served, peanut butter and jelly sandwiches are an option. Please be sure to indicate any food allergies or dietary restrictions on your child's medical history sheet and remind your child's counselor during camper check in.

**Cell Phones and Communication:**

Campers may not bring electronic devices to camp. We believe camp is a great opportunity for children to be independent from their parents, in a safe and supportive environment, for a short period of time. This includes Music Players (iPods, MP3s, etc.), Hand Held Games (DS, PSP, etc.), Cell Phones, Electronic Readers (Kindles, iPads, etc.), Laptops and Radios. As electronic devices have grown increasingly more complex (with features like video, internet access, etc.), we believe they disrupt the camp environment and have the potential to negatively impact the camper's experience. We would like to campers to bring home pictures of the fun games and activities so cameras are allowed. We recommend a disposable camera.

Camper's love hearing from you while they are away, encourage parents, brothers, sister, aunts and uncles to write your camper. We recommend sending younger campers with pre-addressed envelopes to make writing easy.

Campers are not allowed to make or receive phone calls, if you feel it is necessary to check in your child's progress, you may call the camp office between 9 am- 12pm daily. If you child has a problem, illness or urgent message for you the camp staff will call you. Please remember to leave camper cell phones at home.

## Session Pricing and Policy

### **Session Length and Pricing and Policy:**

Campers can stay for the full session (7 day) or the mini session (4 day). Full sessions are \$425 and mini (4 day) are \$300. Both sessions include a cool camp T-shirt, a specialized camp water bottle (to help beat the heat), and a WHOLE lot of fun! A \$100 non-refundable deposit is required to reserve your camper's spot. The remaining balance must be paid one month prior to the start date of camp or your reservations will be opened up for another camper.

If the remaining balance has not been paid by the due date, your registration will be cancelled and your deposit forfeited. If you are making a reservation 30 days or less before the start of camp, the entire camp balance is due to reserve your spot.

Payment may be made by credit card over the phone or in person or by mailing check or money order. Important note, if you are mailing a check or money order, please be sure to put the parent's names, camper's name and session date(s) payment.

Cancellations must be made at least thirty days prior to the start of camp. Cancellations made thirty days prior to the start of camp may receive a full refund minus a \$50 cancellation fee. All cancellations made within thirty days prior to the start of camp will receive no refund.

To register, start by completing the registration sheets on page 14 and sending your deposit by check, money order or credit card over the phone. Please be sure to call 229-430-3012 and speak with a representative from the Education Department to confirm your registration sheet is completed and the deposit has been received. Remember all required forms are due four weeks prior to the start of camp.

### **Session Dates**

- June 17-23 (Full Week )
- June 17-20 (4 Day )
- June 24- 30 (Full Week )
- June 24- 27 (4 Day)
- July 15- 21 (Full Week)
- July 15- 18 (4 Day)

### **Camper Check in and out:**

Camper check in for both the full and mini sessions are on Sunday evening at 6 pm. Parents are welcome to help campers set up their living space and visit our campgrounds. Campers will leave for dinner in the zoo at 6:30 pm and at this time parents are asked to say their good byes so that campers can start their adventure. Camper pick up for the mini session is at 5:30p on Wednesday evening. Camper pick up for the full session is on Saturday morning at 10 AM.

# Parental Guide

## Form/Camp Checklist

**\*\*All forms are due four weeks prior to the start of camp\*\***

- Health Form Information Sheet (pg 8-11)
- Photo/Social Media Release (pg 12)
- Copy of insurance card in case of medical emergency
- Proof of a Physical within the last 24 months

## Health and Safety

### **General Health Information:**

Your camper's safety is our number one concern. All staff is trained in First Aid and CPR. Throughout the campers' stay, counselors and other staff watch for signs of fatigue, dehydration, improper eating, etc...that may indicate illness. If a counselor or camper expresses health concern they are escorted to the Director of Education. The Director of Education will contact parents or emergency services as necessary.

Parents will be notified immediately if a child has a fever in excess of 100 degrees, has been vomiting or expresses other serious symptoms. Should a child have a communicable disease, parents will be notified immediately, the camper will be taken to an isolated area to reduce the spread of disease, and parents will be called to pick up their camper as soon as possible.

### **Accident/Illness & Emergency Treatment:**

We take camper health and safety very seriously. In the case of an emergency, you and/or your emergency contact will be notified immediately if your child has a serious accident or illness or requires medical treatment by a physician. Chehaw is located less than 10 minutes from an award winning, comprehensive hospital, Phoebe Putney, <http://www.phoebeputney.com/>.

Medical expenses incurred (doctor, hospital, prescription, etc.) are your responsibility. Please be sure to provide your insurance information and a copy of your current insurance cards and complete the consent form to provide necessary treatment or emergency care in the Health History and Physical Form.

### **Dietary Restrictions:**

On the Health Form, please indicate dietary restrictions. It is important for us to have this information so that we may inform our guest services department of any special needs. The more notice and information we receive will help us plan more enjoyable meals for you camper. Chehaw will gladly accommodate a vegetarian diet for an additional fee.

### **Allergies:**

Please notify us on the parent information letter and health form if you child has any insect or food allergies.

### **Medication**

You do not need to bring over-the-counter medications such as acetaminophen, ibuprofen, diphenhydramine (Benadryl), Pepto Bismol, or Swimmer's Ear. Counselors can only distribute medication for minor aches and pains if you specifically give us permission. To give counselors permission to administer medication, please record each medication that you will allow staff members to distribute to campers as needed. If your camper has ear tubes please be sure to bring it to the counselors attention, so that we know not to put Swimmer's Ear in your camper's ears.

If you are sending your camper with prescription medication, be sure each medication has the original prescription label. If you are sending your camper with an inhaler, be sure to send the box; most often the prescription label is located on the box. All medication should be properly labeled with your child's name, name of medication, dosage and time to dispense (breakfast, lunch, dinner, bedtime, or as needed). All prescription medication should be cleared through your camper's counselor during check-in.

Campers with asthma, or diabetes must be able to properly monitor their physical condition and communicate their condition with their camp counselors. If your camper requires a daily inhaler or monitors and regulates insulin levels be sure to fill out the waiver on page 12. While all campers are welcome and encouraged to attend Camp Chehaw, campers must be able to regulate their own blood sugar levels, administer all insulin injections to themselves, and/or be able to properly use their inhaler.

Please note The Academy of Pediatrics recommends that "Elective interruptions of medications (drug holiday) should be avoided by campers on long-term psychotropic therapy or those on maintenance therapy required for a chronic medical condition" (*Pediatrics*. 2011; 127 (4): 795)

## **Behavior Management**

All staff members participate in an intensive training program that prepares them to deal with all aspects of camp life. We emphasize positive, age appropriate behavior management techniques that guide and encourage children, and at the same time establish clear behavior guidelines and expectations. At all times, staff members are guided by the principle that all children and adults deserve to be treated in a respectful and caring manner. Campers are expected to treat fellow campers and staff with respect and to abide by all camp rules.

These rules, and the consequences for not following them, are shared after dinner on the first night. At that time campers are encouraged to ask questions to ensure clear understanding of the rules. Individuals are held accountable for their actions. Staff members support campers by clearly defining and enforcing expectations and responsibilities. Campers are expected to participate in daily duties such as getting their eating space ready, cleaning their tent, helping to keep our camp grounds clean, and keeping their personal space tidy. When behavior problems continue to arise, parents will be consulted and a plan for behavior management will be developed.

In the event that a camper's behavior does not improve after all avenues of intervention have been explored, or when one camper's actions are detracting from the experience of others, the camper will be sent home.

Some actions require immediate dismissal from camp. These actions include, but are not limited to smoking or the use of tobacco products, consumption or possession of alcohol and/or illegal drugs, endangerment to self or others, or threats of endangerment to self or others. Campers sent home because of behavior problems will not be entitled to any refund of fees. Parents will be responsible for all transportation from camp.

The staff of Camp Chehaw is not trained to handle campers who have severe emotional/behavioral issues, demonstrate violent/aggressive behavior or who routinely violate rules and policies. If your child has severe behavioral challenges, we can refer you to programs designed to accommodate these special needs.

## Packing List

The following packing list is intended to be a guide to help you pack for a one week stay at camp. Please clearly label all of your camper's belongings with full name. Please check lost and found before leaving camp. All Lost and found is kept until August 31<sup>st</sup> and then donated to charity. Please see the dress code below, for specific clothing guidelines.

	4-5 pairs of Shorts		Baseball cap/hat		Personal toiletries
	2 pairs of pants		3-4 pairs of pajamas		Comb or brush
	6-7 –shirts		7 pairs of underwear		Flashlight
	2 sweatshirt/hoodies		6 pair of socks		Bug Spray
	2 pairs of sneakers		Rain Jacket or Poncho		Sunscreen (spf 30 or above)
	1 pair of shower shoes & 1 pair of water shoes		Sleeping Bag		Sunglasses
	Shower/bathing suit cover up		Pillow		2 swimsuits
	Sandals		4 towels (swimming & bathing)		
Optional					
	Binoculars		Books		Frisbee
	Card games		Pre-addressed envelopes		Glow sticks

## Dress Code

Camp Chehaw life is informal! Be sure to pack comfortable clothes (the kind that you can afford to lose or don't mind getting dirty). Please do not send campers with expensive or irreplaceable items!!

**Shorts:** All shorts must be mid-thigh or lower

**Swimsuits:** Girls swimsuits must be a one piece or a tankini, low cut swim suits are not allowed. If swim attire is deemed inappropriate, campers may be instructed to wear clothing over their swim suits.

**Shower/bathing suit cover up:** Must be mid length and have sleeves

**T-shirt Content:** All t-shirts will be appropriate for all ages and free of drug, alcohol references or paraphernalia



**Camp Chehaw Healthy History/Medical Authorization**

105 Chehaw Park Rd., Albany Ga 31701

Jackie Entz, Director of Education, [jentz@chehaw.org](mailto:jentz@chehaw.org)

229-430-5275 (main line), 229-430-3035 (fax)

This Form must be completed and returned to Camp Chehaw 4 weeks before the start of camp. Any camper without this form on file will not be able to attend.

**Camper Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age at Camp:** \_\_\_\_\_

Best phone number(s) to reach parent or guardian while child is at camp:

Name (1): \_\_\_\_\_ Number: \_\_\_\_\_

Name (2): \_\_\_\_\_ Number: \_\_\_\_\_

**Custodial Parents/Guardian**

	Mother	Father
Name		
Address		
City/State/Zip		
Occupation		
Home Phone		
Day Phone		
Cell Phone		
Email		

Emergency Contact if parents are not available : \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Insurance Information**

Is your camper covered by family medical/hospital insurance? Group # \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Member No. \_\_\_\_\_

Prescription Insurance Carrier : \_\_\_\_\_ Member No. \_\_\_\_\_

Camper Name: \_\_\_\_\_

### Health History

This information will provide our staff the background to provide appropriate care for your camper. Please note, answering yes or no to any question does not disqualify a camper from attending, it simply gives our staff the information needed to take the utmost care of all campers. Any changes to this information should be provided to the camp staff upon arrival at camp.

General Health Questions	Yes	No	Explain "Yes" answers
Any recent injury or infectious disease			
Any chronic or reoccurring illness/condition			
Every been hospitalized			
Ever had surgery			
Have frequent headaches			
Ever had a head injury			
Wear contacts, glasses or protective eye wear			
Ever had frequent ear infections			
Currently have tympanostomy tubes (ear tubes)			
Ever been knocked unconscious			
Ever passed out during/after exercise			
Ever had seizures			
Ever had chest pains during/after exercise			
Ever had high blood pressure			
Diagnosed with heart murmur			
Ever had a history of bedwetting			
Ever had problems with joints			
Any orthodontic appliance at camp			
Any skin problems (itch/rash)			
Diabetes			
Had mononucleosis in the past year			
Any diarrhea/constipation			
Ever had any eating disorders			
Ever had back problems			
Any problems with sleep walking			
Any abnormal menstrual history			
Ever had emotional problems needing professional help			

Camper Name: \_\_\_\_\_

Is there any additional information your camper's behavior, physical, emotional, or mental health we should be aware of? \_\_\_\_\_

\_\_\_\_\_

List any recent illnesses or injuries.

Please bring a written physician's clearance/release for all camp activities

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

Does your camper take medication during the school year, but not during the summer? \_\_\_\_\_

If yes, what is the medication used for? \_\_\_\_\_

\_\_\_\_\_

**Which of the following diseases have you had or been immunized for?**

\_\_\_\_ MMR    \_\_\_\_ Hepatitis A    \_\_\_\_ Hepatitis B    \_\_\_\_ Polio    \_\_\_\_ Chicken Pox (Varicella)

Date of last Tetanus Booster \_\_\_\_\_

(check with your physician to make booster is current)

Please list all known allergies. Describe reaction and management of reaction.

Medical Allergies \_\_\_\_\_

\_\_\_\_\_

Food Allergies \_\_\_\_\_

\_\_\_\_\_

Other Allergies (insects, stings, hay fever, asthmas, animal, etc.) \_\_\_\_\_

\_\_\_\_\_

Restrictions: List any activity restrictions (please list any physical limitations and adaptations necessary) \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions- Please list all known dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

As noted in the Camp Chehaw Information Packet, all dietary restrictions should be discussed with the Education Coordinator before registration. Note most special dietary restrictions can be accommodated, but require an additional fee of \$5 per Day.

Medications to be administered at camp (name, dosage and frequency) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any over the counter medication counselors have permission to administer to your child:

\_\_\_\_\_

Camper Name: \_\_\_\_\_

**Health Care Notification Policy**

PARENTS, please make sure we know how to contact you during your child’s stay. If he or she becomes ill or injured, our staff will make every effort to contact you by phone, using the phone numbers provided in your application and on this health form. If we are unable to reach you, we will treat/seek medical treatment as outlined on this health form.

**Prescription Medication, Asthma Inhaler, Epi Pen, and Insulin Medical Authorization**

I, \_\_\_\_\_ give my child, \_\_\_\_\_ permission to carry and use if necessary his/her inhaler, medication/epi-pen, or insulin. I further understand what medication my child is taking, the frequency, and what is prescribed in the above medical release is correct. By signing below, I acknowledge that my child is fully knowledgeable and capable of independently administering his/her medication properly while at camp and I have instructed my child to seek adult help if he/she experiences symptoms of asthma, irregular blood sugar levels, or an allergic reaction following self-administration of the prescribed medicine.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Important Medical Authorization**

This medical information is correct to my knowledge and the camper has permission to engage in all prescribed camp activities, except at noted.

Emergency Authorization:

I give permission to the staff at Camp Chehaw to provide routine medical care and dispense medications listed in the above form as required. Should an emergency arise, I give permission to camp personnel to order X-rays, routine tests, and treatment for my child. In the event I cannot be reached in emergency, I give permission to the Education Coordinator to secure and administer treatment, including hospitalization and to order injection and/or anesthesia and/or surgery. This completed form may be photocopied for use out of camp.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my participations in camp activities:

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

## **Liability and Media Waiver**

Chehaw is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Parks at Chehaw strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program.

### **Release of Liability**

I recognize and acknowledge that there are certain risks of physical injury to participants in this program. I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the Chehaw Park Authority dba the Parks at Chehaw (hereinafter referred to as the Park Authority) and its officers, agents, volunteers and employees as a result of participation in this program.

I do hereby fully release and discharge the Park Authority and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program. I further agree to indemnify and hold harmless and defend the Park Authority and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of this program.

### **Authorization**

In the event of any emergency, I authorize the Park Authority to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I authorize the Park Authority to use my child/ward's photograph or video in a variety of traditional and social media sources including but not limited to, Facebook, Twitter, Youtube on behalf of the Chehaw Park Authority.

### **Acknowledgement of Cancellation Policies**

I understand that all cancellations must be made at least thirty days prior to the program date to receive a refund and that a \$50 cancellation fee will be deducted from that refund.

I understand that no refund will be given if I or my minor child/ward is asked to leave the program for violating policies and/or not following safety rules and instructions.

I understand that programs with insufficient enrollment may be cancelled and that, in such a case, I will be notified prior to the program date and will receive a full refund.

I, the undersigned, have read and fully understand the above Release Form: Release of Liability, Authorization, and Acknowledgement of Cancellation Policies and assert that I have legal authority to sign this document on behalf of myself or my minor child/ward.

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Name of Participant

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Signature of Participant (or parent/guardian)

---

Date



# Resident Camp Registration

## Registrant Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## Parent Information

Name: \_\_\_\_\_ Are you a Member?: (Yes/No)

Email Address (required): \_\_\_\_\_

Daytime Phone: (\_\_\_\_) - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_\_

## Session Information

Session Date (s): \_\_\_\_\_

**Total Amount Due = \$ \_\_\_\_\_**

## Staff Use Only

Amount Paid	Tender Type	Date Paid	Staff initial
Deposit- \$100			

### Form's received:

\_\_\_\_ Health Info/Medical Auth.

\_\_\_\_ Physical from Doctor

\_\_\_\_ Copy of Insurance card

\_\_\_\_ Social Media Release

Chehaw Education Department, 105 Chehaw Park Rd. Albany GA, 31701

jentz@chehaw.org, 229-430-3012, 229-430-3035 (fax)



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## Year Round Staff Contact Information

### Chehaw (Park Line)

229-430-5275  
229-430-3035 (fax)  
105 Chehaw Park Rd.  
Albany GA, 31701

### Jackie Entz

Director of Education  
jentz@chehaw.org  
229-430-3012 (direct line)  
229-430-3035 (fax)

### Don Meeks

Executive Director  
dmeeks@chehaw.org  
229-430-5279  
229-430-3035