

The Foster Care Training Committee & Department of Human Services, with the support of Wells Fargo Home Mortgage of Hawai'i , QLCC & the Glue Committee, present:

# 2016 Resource Family Appreciation Day




**Kualoa Ranch's Secret Island**  
Saturday, May 21, 2016  
9:00 a.m.-3:00 p.m.  
\*Last boat to the island leaves at 10:30am\*

Open to Resource, Adoptive, Guardianship, Kinship, and Permanency Families and Former Foster and Former Guardianship Youth!  
— Household members only —

**Come and Enjoy!!**  
\*Makahiki games  
\*Outrigger Canoe Paddling  
\*Stand Up Paddle Boarding  
\*Volleyball  
\*Kayaking  
\*Swimming  
\*Snorkeling  
(snorkel & mask provided, bring your own fins)



**RSVP REQUIRED by**  
**May 4, 2016**  
**SPACE IS LIMITED.**

 Please return bottom portion with payment

***A Bento Lunch with a Water Bottle Will be Provided.***

*Please bring snacks and non-alcoholic beverages for your `ohana throughout the day, as concessions are not available on Secret Island.*

Please mail (no faxes) your registration form and check to:

Rae Inn, Catholic Charities Hawai'i, 1822 Keeaumoku St., Honolulu, HI 96822

**Make your check payable to FAMILY PROGRAMS HAWAII.**

## Confirmation Letter To Be Mailed To:

Name(s) of Resource Caregiver(s): \_\_\_\_\_

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

City \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

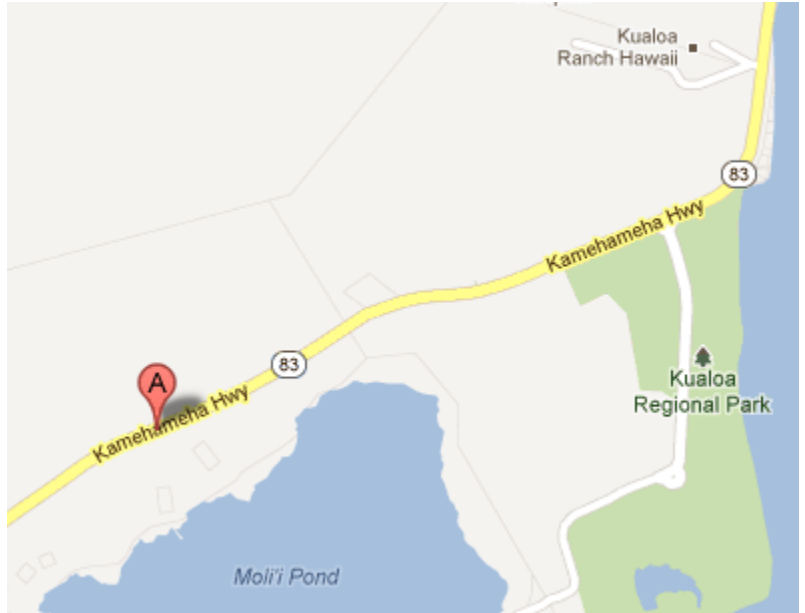


***Registration form and map on back***

This event is presented/sponsored by the Department of Human Services & the Foster Care Training Committee (FCTC).  
FCTC agencies include: Catholic Charities Hawai'i, the Department of Human Services, EPIC Foundation,  
Family Programs Hawaii, Hale Kipa, Inc., Partners in Development Foundation,  
& Queen Lili 'uokalani Children's Center (QLCC).

# Kualoa Ranch's "Secret Island" Moli'i Garden

49-345 Kamehameha Hwy



Questions? Contact Rae Inn at 527-4925 or [rae.inn@catholiccharitieshawaii.org](mailto:rae.inn@catholiccharitieshawaii.org).  
A confirmation letter will be mailed to you 2 weeks prior to the event.



Please return bottom portion with payment

Name of Child Attending (0-17 years old)	Age	Relationship to Family (foster, guardianship, adoptive, or biological)	Native Hawaiian or Part Native Hawaiian? (please circle yes or no)	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
Name of Adults Attending (age 18+)		Role (resource caregiver, legal guardian, or adoptive parent)	Native Hawaiian or Part Native Hawaiian? (please circle yes or no)	
			Yes	No
			Yes	No
			Yes	No

YES! We will need \_\_\_\_\_ # of adult and youth (3-17) tickets x \$10.00      \$ \_\_\_\_\_  
 YES! We will need \_\_\_\_\_ # of children 2 (FREE) & under tickets      \$ \_\_\_\_\_ 0.00  
 Total of Tickets Needed \_\_\_\_\_      Payment Due      \$ \_\_\_\_\_