ACKNOWLEGEMENT FORM

I hereby acknowledge that I have rec	eived and read a copy of the 2024 Camp Mak-A-
Dream Employee Handbook. I understand	d that conforming to the policies, procedures, rules and
statements stated therein is a conditio	n of employment. I understand that the policies,
procedures and statements contained in	n the employee handbook do not form a contract of
employment between me and my employer. I further understand the policies, procedures and	
benefits described herein may be modified	by the Foundation at any time.
Employee's name – printed	
Employee shame – primed	
Employee typed signature	Date