

**Camp WeCanDo 2009 - REGISTRATION FORM**  
Camp for children 7-16 with Diabetes or Asthma, June 27 - July 3, 2009

REGISTRATION

1. Registration Deadline is 3/20/2009:
  - WNC residents only (see map on back): Early Registration & \$50 deposit accepted 1/01/09 - 3/20/09
  - Applicants residing outside WNC (see map on back): Registration & \$50 deposit accepted 2/1/09 - 3/20/09, subject to available space
2. After we receive your registration and deposit, we will send you a complete Camper Application.
3. The deposit is refundable if your child's registration is withdrawn by 5/1/2009
4. A space at camp is not guaranteed until:
  - Deposit is paid.
  - Completed Camper Application and balance owed is received. **Deadline is 5/1/09.**
  - You have received confirmation from Camp WeCanDo.

FINANCIAL ASSISTANCE - All requests are strictly confidential

A reduced rate is available for western NC families who meet financial aid criteria. To request information on eligibility, check box on registration form.

CAMP FEES

(Make checks payable to "Camp WeCanDo")

|                      | WNC Residents       | Outside WNC         |
|----------------------|---------------------|---------------------|
| Camp Fee             | \$500 (\$550 teens) | \$600 (\$650 teens) |
| Deposit (enclosed)   | \$50                | \$50                |
| Balance (due 5/1/07) | \$450 (\$500 teens) | \$550 (\$600 teens) |

QUESTIONS, CONCERNS OR COMMENTS?

Please contact Lesley Edwards @ (828) 213-5545.

Or email: [Lesley.edwards@msj.org](mailto:Lesley.edwards@msj.org) Fax: (828) 213-5536

Please complete the **REGISTRATION FORM** for each camper, detach and mail to address below.

**Camper is applying for: \_\_\_\_\_ Kid Camp (ages 7-13) or \_\_\_\_\_ Teen Camp (ages 14-16)**

Camper's Name: \_\_\_\_\_ Sex: M F Home Phone: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Grade in School Fall 2009:** \_\_\_\_\_ Tee Shirt Size (*Circle One*): YM YL S M L XL

Parent/Guardian Name: \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Address if different from above: \_\_\_\_\_

This camper has (circle one): Type 1 diabetes Type 2 diabetes Asthma

Physician treating camper for diabetes or asthma: \_\_\_\_\_ Date of diagnosis (*mm/yy*): \_\_\_\_\_

Camper with diabetes only (*Circle one*): Injections OR Oral agents OR Insulin pump - type of infusion set \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Information about financial assistance requested:  yes  no

Mail completed form and \$50 deposit to: **Camp WeCanDo, Attention: Lesley Edwards**

**Mission Children's Hospital  
509 Biltmore Avenue  
Asheville, NC 28801**

*Office use only.* Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Deposit received Y/N: \$\_\_\_\_ Photocopy of health card? Y/N Database: \_\_\_\_/\_\_\_\_/\_\_\_\_

Early registration (1/01/09 - 2/01/09) and reduced registration fee are only available to children living in the following counties in western North Carolina:

