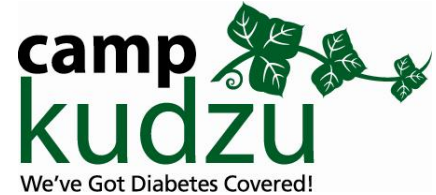


Camp Kudzu Summer Camp 2010
Camper Application



Directions: Return this application by January 11, 2010 to be given first consideration for placement in camp. Applications will be accepted until two weeks before each session. Mail to: Camp Kudzu, 577 Concord Road SE, Suite B, Smyrna, GA 30082 or fax to 404.250.1812.

SECTION A: CAMPER INFORMATION

| | | | | | |
|--------------------------|------------------------------------|-------------------|---------------------------|--------------------------------|--|
| Camper Last Name | | Camper First Name | | Date of Birth | Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | | | | | |
| City | | State | Zip Code | County | |
| School Name | | | Grade in NEXT School Year | Start Date of NEXT School Year | |
| Date Diagnosed (mm/yyyy) | How did you hear about Camp Kudzu? | | Camper's Endocrinologist | | |

SECTION B: FAMILY INFORMATION

| | | | | | |
|--|--|------------------------|--|---------------|--|
| Last Name of Parent/Guardian #1 living at the same address as camper: | | First Name | | | |
| Title(please check one): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Judge | | Relationship to Camper | | Email Address | |
| Home Phone | | Work Phone | | Cell Phone | |
| Last Name of Parent/Guardian #2 living at the same address as camper: | | First Name | | | |
| Title(please check one): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Judge | | Relationship to camper | | Email Address | |
| Home Phone | | Work Phone | | Cell Phone | |
| In order to save resources, we will send your follow-up material via email unless you indicate differently. Please choose one method of delivery. <input type="checkbox"/> Please send follow-up information via Email OR <input type="checkbox"/> Please send follow-up information via US Mail. | | | | | |

|

Camper Name _____

SECTION C: CAMP HISTORY

| | |
|--|---|
| Attended Camp Kudzu Before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does this child have a sibling with type I diabetes applying for camp, also? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Name of Sibling | Age of Sibling |

SECTION D: SESSION CHOICE

| | | |
|---|---|---|
| 1 st Choice of Session (please check one) <input type="checkbox"/> Any session <input type="checkbox"/> May 30 – June 4, 2010 at Camp Twin Lakes in Rutledge, GA <input type="checkbox"/> June 6 – June 11, 2010 at Camp Twin Lakes in Rutledge, GA <input type="checkbox"/> Aug 1 – Aug 7, 2010 at Camp Barney Medintz in Cleveland, GA | 2 nd Choice of Session (please check one) <input type="checkbox"/> May 30 – June 4, 2010 at Camp Twin Lakes in Rutledge, GA <input type="checkbox"/> June 6 – June 11, 2010 at Camp Twin Lakes in Rutledge, GA <input type="checkbox"/> Aug 1 – Aug 7, 2010 at Camp Barney Medintz in Cleveland, GA | 3 rd Choice of Session (please check one) <input type="checkbox"/> May 30 – June 4, 2010 at Camp Twin Lakes in Rutledge, GA <input type="checkbox"/> June 6 – June 11, 2010 at Camp Twin Lakes in Rutledge, GA <input type="checkbox"/> Aug 1 – Aug 7, 2010 at Camp Barney Medintz in Cleveland, GA |
|---|---|---|

Parent/Guardian Signature

Date

Please mail or fax completed application to:

Camp Kudzu
577 Concord Road SE, Suite B
Smyrna, GA 30082
FAX 404.250.1812