

2010 Spring Family Camp Application
 March 19-21, 2010
 Hosted at Camp Twin Lakes Rutledge, GA



Directions: Return this application with a \$50 deposit non-refundable and \$350 program fee by March 5, 2010. **Applications are accepted until the program is full.** *There are limited spots available for this program.* Mail or fax a completed application to: Camp Kudzu, 577 Concord Road SE, Suite B, Smyrna, GA 30082 or fax to 404.250.1812.

SECTION A: CAMPER/FAMILY INFORMATION

Camper Last Name	First Name	Date of Birth	Age	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Family Address				
City	State	Zip Code	County	
Title	Name of Parent/Guardian #1 living at same address as camper (last, first)		Relationship to Camper	
Title	Name of Parent/Guardian #2 living at same address as camper (last, first)		Relationship to Camper	
Parent/Guardian #1 Work Phone	Parent/Guardian #1 Home Phone		Parent/Guardian #1 Cell Phone	
Parent/Guardian #2 Work Phone	Parent/Guardian #2 Home Phone		Parent/Guardian #2 Cell Phone	
Primary Email Address for Family (you will receive communication at this address and follow-up material): <input type="checkbox"/> Check here to receive information via US Mail only and not through email				
Has your family attend Camp Kudzu Family Camp before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child attended Camp Kudzu's Summer Camp before? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B: ADDITIONAL FAMILY MEMBERS ATTENDING (limited to immediate family members living in the camper's home only):

Name	Relationship to Camper	Date of Birth	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship to Camper	Date of Birth	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship to Camper	Date of Birth	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship to Camper	Date of Birth	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship to Camper	Date of Birth	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION C: CAMPER DIABETES INFORMATION

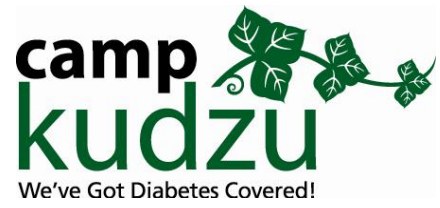
Camper Name	Date Diabetes Diagnosed (mm/yyyy)
Endocrinologist Name	Phone
Pediatrician Name	Phone
Please list any restrictions or special needs- dietary, allergies, etc- while at camp (attach additional pages as needed):	

SECTION D: INSURANCE, EMERGENCY CONTACT, AND SPECIAL NEEDS INFORMATION

Medical Insurance Company		
Policy Holder/Subscriber Name	Member ID	Policy Group Number
In case of a family emergency, please notify (please list someone not attending the event):	Relationship	
Work Phone	Home Phone	Cell Phone
If anyone in the family has any special dietary needs (other than diabetes) while at camp, such as food allergies, vegetarian, etc., please list here: Name: _____ Description: _____ Name: _____ Description: _____		
Additional information, special needs, requests, etc., for your family (attach additional pages as needed):		

SECTION E: ADDITIONAL INFORMATION

PLEASE CHECK AS APPLICABLE: <input type="checkbox"/> Our family would like to share a cabin with the following family: _____ <input type="checkbox"/> I am a single parent and we would be willing to share a cabin with another single parent family of the same gender. <input type="checkbox"/> Please contact me regarding a scholarship for my family to attend Camp Kudzu Family Camp.	
Please indicate the number and sizes of t-shirts for your family: Child T-Shirts: S ___ M ___ L ___ XL ___ / Adult T-Shirts: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___	
Parent/Guardian Signature:	Date:



Family Camp Payment Form

Camp fees are \$400 per family (which includes the \$50 non-refundable deposit). The full \$400 must be submitted by March 5, 2010. If you need to apply for a scholarship a \$50 non-refundable deposit will be required with the scholarship application by March 5, 2010. Please call us if you need to discuss your present financial situation. We will work with you!

Donations: The actual cost for those participating in our weekend's wonderful activities and programs is over \$800 per family. Our ability to keep the payment below our cost is completely contingent upon donations from families and the community. It is through the generosity of many kind families, individuals, businesses and foundations that Camp Kudzu is a reality.

Camp Kudzu is an independent not-for-profit organization that doesn't receive funds from any other diabetes organization and is not affiliated with any other diabetes organization. We ask that each family consider making a donation above the \$400 program fee. Your donation is tax-deductible, as allowed by law, and we will send you a receipt.

Camp Fee Payment is due by March 5, 2010.

Camper's Name: _____

- I have enclosed is the Family Camp payment of \$400, which includes the \$50 deposit in the form of a check or money order.
- Please charge the entire Family Camp payment of \$400, which includes the \$50 deposit to my credit card as detailed below.
- We request a scholarship, have completed the scholarship form, and have enclosed the \$50 non-refundable deposit.
- Please accept the enclosed donation of \$_____ for scholarships and continued programming!

To charge the entire amount of \$400 on your credit card, please provide the following information:

Name as it appears on the front of the card _____

Card number (please include all numbers) _____

Security code (three digits on the back for MC or VISA or four digits on the front of AMEX) _____

Expiration Date (month/year) _____

Billing zip code _____

(The \$50 deposit camp fee is non-refundable)

Refunds: Campers withdrawing from the weekend retreat on or prior to March 5, 2010 will receive a full refund, less the \$50 non-refundable deposit. Campers withdrawing from the weekend retreat after March 5, 2010 will not receive a refund.

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