



ADA Diabetes Camp Application – 2009



HAVE YOU MAILED A CAMP REGISTRATION FORM FOR **CAMP**?

YES NO

***Note: You must be registered to apply for financial assistance.**

PLEASE STATE THE AMOUNT YOU ARE ABLE TO PAY TOWARDS THE CAMP REGISTRATION FEE:

\$ _____

I (MY CHILD) WOULD LIKE TO ATTEND CAMP BECAUSE: (Use reverse if needed)

ARE YOU/YOUR CHILD A MEMBER OF THE AMERICAN DIABETES ASSOCIATION?

_____ YES _____ NO

If NO, would you like to receive membership information? _____

You will be notified by the American Diabetes Association if you qualify for total or partial financial assistance. Please submit your camp application to the camp with a notation that you have applied to the American Diabetes Association (ADA) for aid. We will advise you and the camp of the financial aid decision.

IF REQUESTING A FULL CAMPERSHIP, A \$15.00 PROCESSING FEE MUST ACCOMPANY THIS APPLICATION.

I hereby certify that the foregoing information is true and correct. ALL INFORMATION IS STRICTLY CONFIDENTIAL.

PARENT'S SIGNATURE: _____ DATE: _____

For ADA Use Only

Aid awarded:	Camp notified: ___/___/___
	Family notified: ___/___/___