

__ \$25 Check or Money Order required with
Registration. Refundable if space unavailable
ATTACH CHECK HERE

SPINA BIFIDA ASSOCIATION OF ARIZONA CAMP REGISTRATION- 2012 – Lakeside, AZ

Applicant must have Spina Bifida to participate- Ages 7 -21

1. GENERAL INFORMATION

Application Date: _____
Applicant's Name (Please Print): _____
BIRTHDATE: _____ Applicant's Age: _____
**Has applicant ever attended an overnight camp before: Yes ___ No ___
Parent/Guardian Name (If Applicant is under 18): _____
Address: _____
City: _____ State: ___ Zip: _____
Home Phone: _____ Cell/Work Phone: _____
Email: _____

2. COST OF CAMP

Total cost is \$1,000.00/camper

3. FUNDING INFORMATION

My camper will need financial assistance Yes ___ No ___
Amount we will contribute camp experience for our camper: \$ _____
We will need a scholarship in the amount of : \$ _____
We are willing to assist fundraising by:
___ Sending letters (SBAAZ will assist if desired) to friends, family & coworkers to help.
___ Selling discount cards (SBAAZ will provide) in my neighborhood & to acquaintances.
___ Offering tickets for sale to "Movie Nights" benefitting Camp fund.

4. PROCEDURE

- ___ Registration due by April 30, 2012 (*Attach \$25 check or Money Order*)
- ___ Application sent upon receipt of Registration
- ___ Application due back to SBAAZ no later than April 30, 2012

Describe applicant's physical situation: mobility, bowel/bladder management, additional conditions OTHER than SB: _____

Return registration no later than April 30, 2012 to:

Spina Bifida Association of Arizona 1001 E Fairmount Ave, Phoenix, AZ 85014

OR Fax form to 602-274-7632 **OR** email signed .pdf to: office@sbaaz.org Questions: 602.274.3323

I hereby authorize Spina Bifida Association of AZ to use my photos on the website or in the newsletter:

Signature of applicant, parent or legal guardian

A limited number of campers will be taken, so get your application in to the office as soon as possible.

Spaces are given on a first come, first served basis