



Camp Kandu Camper or Counselor In Training (CIT)
 Diabetes Camp for Children with Diabetes and their Families
 715 S Pear Orchard RD, Suite 210
 Ridgeland, MS 39157
 601-957-7878 Fax 601-957-9555

Please Print legibly!

Child Name: _____ Sex: ___M ___F Age: _____
 Date of Birth: _____ Parent/Guardian Name(s): _____
 Home Phone: _____ Work Phone: _____ Cell phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 e-mail: _____

Who will attend camp with child: (a parent or guardian MUST accompany campers 17 & under)

1.	(adult) _____	___M ___F		<u>Age of Child</u>
2.	_____	___M ___F	ADULT	CHILD _____
3.	_____	___M ___F	ADULT	CHILD _____
4.	_____	___M ___F	ADULT	CHILD _____

List any additional campers and age, if camper is a minor.

Fees: Children with Diabetes or Counselor in Training (CIT) are **FREE**.
Day Camp fee is \$20 per adult and \$15 each for children/siblings over age 4.
Overnight fee is \$30 per adult and \$20 each for children/siblings over age 4.
Friday reservations will ONLY be made if you live over 2 1/2 hours away. (Families from Gulf Coast and North MS, add **\$30 per family if you plan to arrive on Friday.** Friday dinner & Saturday breakfast are on your own.

PLEASE SELECT:
 DAY CAMPER OVERNIGHT SATURDAY ONLY OVERNIGHT FRIDAY & SATURDAY

**Please indicate if you require downstairs or accessible accommodations. We cannot guarantee these unless informed in advance: _____

If you need a camp scholarship, please call Irena at 601 957-7878 ASAP

Camp cabins fill up quickly and priority is given to **FIRST TIME CAMPERS** and then **FIRST COME FIRST SERVE**. Please make checks payable to **The Diabetes Foundation of Mississippi**.

Camp T-shirts : Please indicate size and quantity.

Youth: ___ Small ___ Medium ___ Large

Adult: ___ Small ___ Medium ___ Large ___ X-Large ___ 2X-Large ___ 3XL

APPLICATION DUE APRIL 19th!