



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 Nar	me(s):			
Home Phone:	Work Phone:	Ce	II phone	e:	
Address:					
City:	State: Zip:				
e-mail:					
Who will attend camp with	child: (a parent or quard	dian MUST ac	compai	nv campers 17	′ & under)
•	(a p a a a a a a a a a a a a a a a a a a		•	, , , , , , , , , , , , , , , , , , ,	Age of Child
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	a minor.			
DAY CAMP will take place	e on November 15, 20	25			
Fees: Children with Diabet	·		FDFF		
		3 ()			
Day Camp fee is \$20 per	adult and \$15 each for	r children/sib	lings o	over age 4.	
**Please indicate if you req					t guarantee these unless
informed in advance: If you need a camp schol	arship, please call Ire	na at 601 957	<u>-7878</u> /	ASAP	
Please make checks payab	ole to The Diabetes Fo	undation of N	/lississ	ippi.	
Camp T-shirts : Please inc	dicate size and quantity				
Youth:SmallMedi	umLarge				
Adult: Small	MediumLarge	_X-Large _	_2X-Lar	ge3XL	