



**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.

**DAY CAMP will take place on May 2, 2026**

**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.**

\*\*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**

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 25, 2026!**