

Camp Wekandu

Application Form

Please complete and return this application with an enclosed check by May 15. Medical forms are due by June 20. Mail forms to:

Special Treatment Center for Juvenile Arthritis E2-129
Children's Hospital Medical Center
3333 Burnet Avenue
Cincinnati, Ohio 45229-3039
Attention Pam Heydt

Camper's Name _____
Male Female Birthdate _____
Address _____
County _____
City _____ State _____ Zip _____
School _____ Grade completed _____
Parent or guardian name _____
Parent/guardian with custody Mother Father Joint
Home phone () _____
Parent's work phone () _____
Camper's pediatrician _____
Office phone () _____
Camper's rheumatologist _____
Office phone () _____

All campers receive a Camp Wekandu tee shirt.

Check a size:

Adult size: S M L XL XXL

Total fee for camp session: \$370
Enclosed is my check for \$ _____
Balance I can pay* \$ _____

Make checks payable to: Special Treatment Center for Juvenile Arthritis

***Difficulty paying the full fee should not prevent any child from attending camp.
Financial assistance is available.**

Please direct financial inquiries to Pam Heydt or Alverna Jenkins.

Parent or guardian's signature