2012 Camp Wekandu Application Form

Please complete and return this application with an enclosed check by May 17. Space is limited, and campers will be accepted in the order that they apply.

A $25 registration fee must be sent with the application. Medical forms will be mailed after the application is received and are due by June 1.

Mail forms to:
Attention: Daniel Lovell
Division of Rheumatology
Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, MLC 4010
Cincinnati, Ohio 45229-3039

Camper's name: _____

Birthdate: _____ Male _____ Female _____

Address: _____

County: _____ City: _____

State: _____ Zip: _____

School: _____ Grade completed: _____

Parent's or guardian's name: _____

Parent or guardian with custody: _____
(check one) Mother _____ Father _____ Joint _____

I heard about camp through: _____

Home phone: _____ Parent's work phone: _____

Parent's cell phone: _____ Parent's email: _____

Camper's rheumatologist: _____ Phone: _____

Total fee for the 2012 camp session is $480* (including the $25 registration fee). I will be able to pay the following (circle one):

$480 (100% of cost) $360 (75% of cost) $240 (50% of cost) $120 (25% of cost) Other: $_____

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, 513-636-4363

All campers receive a Camp Wekandu T-shirt. Circle one (adult sizes): S M L XL XXL

Parent's or guardian's signature: _____