



# Diabetes Association of Pierce County

P.O. Box 110427, Tacoma, WA 98411-0427 (253) 272-5134 www.dapc.info

## REQUEST CAMP REGISTRATION PACKET

I am interested in receiving a camp registration packet (includes camp fee and scholarship form) for Panther Day Camp.

You may request a camp registration packet for a sibling who wishes to attend. Siblings who do not have diabetes are **NOT** eligible for a scholarship and will only be considered **AFTER** all campers with Type 1 diabetes are registered. Please fill out a second request form for a sibling.

YOUR NAME \_\_\_\_\_

YOUR CHILD'S NAME \_\_\_\_\_

CHILD'S SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE WITH YEAR \_\_\_\_\_

Month & year your child was diagnosed with Type 1 diabetes \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(include apt. # or P.O. Box if applicable. Camp packets are sent by postal mail).

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Child's Endocrinologist (or family physician if sibling) \_\_\_\_\_

Please check the transportation site you will use:

\_\_\_\_\_ St. Clare Hospital, Lakewood

\_\_\_\_\_ Target at South Hill Mall, Puyallup

\_\_\_\_\_ Kmart, Spanaway

\_\_\_\_\_ Allenmore Hospital, Tacoma

\_\_\_\_\_ St. Francis Hospital, Federal Way

\_\_\_\_\_ Red Lion Inn, Renton

\_\_\_\_\_ Purdy Park N Ride

\_\_\_\_\_ ShopKo, Lacey

\_\_\_\_\_ I will transport my child to Camp McCullough in Covington each day.

Mail the completed request for a camp registration packet to:

Diabetes Association of Pierce County

P.O. Box 110427

Tacoma, WA. 98411

