



# Diabetes Association of Pierce County

P.O. Box 110427, Tacoma, WA 98411-0427 (253) 272-5134 [www.dapc.info](http://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) \_\_\_\_\_

Check the transportation location you refer. Site locations will be provided in the camp registration packet:

- Lakewood
- Puyallup
- Spanaway
- Tacoma
- Federal Way
- Renton
- Purdy
- Lacey
- I will transport my child to Camp McCullough in Covington each day.

CHILD'S T-SHIRT SIZE (circle one): Youth Small (6-8); Youth Medium (10-12); Youth Large (14-16);  
Adult Small; Adult Medium; Adult Large; Adult Extra Large

Mail the completed request for a camp registration packet to:

Diabetes Association of Pierce County  
P.O. Box 110427  
Tacoma, Washington 98411

Call our office at: 253-272-5134 if you have questions.