

CAMP APPLICATION - JULY 11-16, 2010

CHECK ONE - Camp Superkids (ages 7-13) Junior Leaders Camp (ages 14-16)

Camper Name _____ Male Female Parent(s) Name _____

Home Address _____

City _____ State _____ ZipCode _____

Date of Birth ____/____/____ Age at Camp _____ Grade in Fall 2010 _____

School attended in Fall 2010 _____ Address _____

Primary Contact _____ Relation to Camper _____

Home Phone (_____) _____ Alternative Phone (cell/work) (_____) _____

E-mail _____ Adult T-shirt Size: S M L XL XXL

Child attended asthma camp before? Yes No If yes, how many times? _____

How did you find out about American Lung Association Asthma Camps? _____

Camper **must** be on daily asthma medication to attend camp. Yes No **Camper must provide proof of H1N1 vaccination.**

CAMP ACTIVITIES

(Mark your first and second choice in each column)

Arts & Crafts (ages 7-13)

Fishing (ages 7-13)

Sailing (ages 9-13)

Waterskiing (ages 10-13)

Outdoor Challenge (ropes course) (ages 11-13)

Creative - newspaper, digital photography, crafts

Water - canoe/kayak, swimming

Nature - campfire cooking, scavenger hunts

Sports - kickball, volleyball, archery

I am a Prime West member. ID# _____

I am a UCare member. ID# _____

I am a Medica ChoiceCareSM or Medica MinnesotaCare member.

ID #59- _____

I am a Metropolitan Health Plan (MHP) member. ID# _____

MINNESOTA ONLY INSURANCE

PAYMENT (\$50 deposit is required with this application)

Check— \$50 Deposit \$495 Payment in Full Installment Plan (\$250 now; \$245 on or before June 1, 2010)

Credit Card Card No. _____ - _____ - _____ - _____ CVV No. _____ Exp. Date _____

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Address _____

Cardholder's Phone (_____) _____ Amt. Charged \$ _____

Limited need-based financial scholarships are available. Please send 2008 or 2009 IRS tax form 1040/1040EZ or verification of reduced school meal program if you wish to be considered for financial assistance.

Signature (parent/guardian) _____ Date _____

Mail this registration form and attachments to:
American Lung Association in Minnesota * c/o Asthma Camps
490 Concordia Avenue * St. Paul, MN 55103
OR fax 651-227-5459 * For more information visit LungMN.org