

What is Asthma Camp?

This is where you can explain about the features of your Asthma Camp.

Camp Name

Place a camp photo here.

Camp Dates
Location

Event Logo
Sponsor Logos

Return Address

Date: Lorem ipsum
Location: Lorem ipsum
Cost: Lorem ipsum
Deadline: Lorem ipsum

Who can attend camp?

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Camp Staff

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Recreational Activities

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Need more information?

Phone Number
E-Mail Address
Web Site Address

Registration Form

Name of Camper: _____ Male: Female:

Home Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: month _____ Day _____ Year _____ Grade Next Fall _____

Does your child take daily medications for asthma? Yes No

If yes, please list: _____

Primary Contact: _____ Relationship to Camper: _____

Daytime Telephone: () _____ Evening Telephone: () _____

Has your child attended asthma camp in the past? Yes No

If yes, how many times?

How did you find out about Asthma Camp? _____

I wish to pay my registration fee by:

Check (payment in full) Credit Card (Visa or MasterCard) Installment Plan

Card No. - - - Exp. Date: _____

Cardholder Name: _____

Cardholder's Signature: _____

Cardholder's Address: _____

Cardholder's Telephone: () _____

Please send me information on financial assistance. (Application required)

Mail this registration form to:
Name
Address