

REQUEST FOR APPLICATION:

To receive an application by mail, return this form to:

Attention: CAMP DAKOTA
Arthritis Foundation, Michigan Chapter
1050 Wilshire Dr., #302
Troy, MI 48084-1564

Space is limited and campers will be considered in the order that their applications are received. Counselor-In-Training campers will be screened based on their application, essay and telephone interview.

PLEASE PRINT:

Camper's Name: _____

Male Female Birthdate: ____/____/____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Grade Completed: _____

School: _____

Parent's/guardian's name with custody:

Mother Father Joint

Home Phone: () _____

Work Phone: () _____

Email: _____

Type of Arthritis: _____

Camper's Rheumatologist: _____

Rheumatologist phone: () _____

Date last seen by Rheumatologist: _____

Parent or guardian's signature:

I am interested in the Counselor-In-Training Program. MUST BE 15-16 years old.

Do you need scholarship information?

Yes No