

Winter Camp for the Blind, February 3th, 4th, 5th 2012

Camper Application – Only one person per form

Attention: These guidelines must be followed in order for your application to be considered. The Lion's Club has the right to accept or reject any application.

Preregistration is required. One application is required for every camper. If you need additional applications, please contact us, or copy this blank application. The front and back of this application must be completed. The 2012 Winter Camp fee is \$40.00 per camper. Applications will not be accepted without included payment. You must be legally blind to be considered a "camper". Visually impaired campers may bring one assistant. Their fee is also \$40.00. Checks or money orders must be returned with this application and be made payable to Lions Club District 11 – B1. No application will be accepted after January 19, 2012. Refunds will only be issued if your cancellation request is submitted before January 27, 2012. However, if you are sick, please do not attend camp. We will reimburse you. **We cannot accommodate wheel chairs.** Applications will be accepted on a 'first come/first serve' basis, according to the U.S. Post Office stamp date. The availability of lower bunks is limited. **All luggage must be clearly marked.** You may not arrive at the camp before 4:00 pm, February 3th, and you must depart from the camp before 1:00 pm, February 5th. You must check in at the main lodge upon arrival. You are requested to inform your local Lion's Club about your decision to participate at the camp.

Camper's Name _____ M _____ F _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Will you be bringing a guide dog Y / N (please bring a muzzle, just in case!)

How will you be arriving at the Outdoor Education Center _____

If you do not have transportation to the Outdoor Education Center, you **MUST** arrive at the Battle Creek bus/train station. Please try to arrive and depart from the bus/train station by 2pm on both days. You **MUST** list your arrival and departure times at the station. Arrival _____ Departure _____

Do you require a lower bunk Yes _____ No _____

Complete the back of this page and submit special requests in writing.

CAMPERS NAME _____

ARE YOU DIABETIC? Yes _____ No _____

ARE YOU SUBJECT TO SEIZURES? Yes _____ No _____

Primary Physician _____

Phone Number _____

Dr. Emergency Phone Number _____

**PLEASE BRING A LIST ALL MEDICATIONS YOU ARE CURRENTLY
TAKING. BRING ALL MEDICATION WITH YOU**

ALLERGIES / DIETARY INFORMATION	REACTION
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number _____

Relationship _____

Please sign and date your application if all information is complete

Camper's Signature _____

Return Registration Form To:

**Tom Morris
110 Knapp Drive, Suite 112
Battle Creek, MI 49015**

If you have any questions, please visit our web site:
www.CerealCityLionsClub.org/WinterCamp.html
Or feel free to contact us with questions or comments at
wintercampfortheblind@gmail.com
or call Jim Roberts at 269-719-2670