

# CAMPSGiViNG Application

## Applicant #1

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Can Applicant walk up a flight of stairs? \_\_\_\_\_

Food Restrictions? \_\_\_\_\_ Allergies? \_\_\_\_\_

Eligibility: *(Indicate if Applicant is a Patient or Survivor. If they are related to a patient, survivor or bereaved, please explain the relationship.)*

\_\_\_\_\_  
\_\_\_\_\_

## Applicant #2

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Can Applicant walk up a flight of stairs? \_\_\_\_\_

Food Restrictions? \_\_\_\_\_ Allergies? \_\_\_\_\_

Eligibility: *(Indicate if Applicant is a Patient or Survivor. If they are related to a patient, survivor or bereaved, please explain the relationship.)*

\_\_\_\_\_  
\_\_\_\_\_

Use MORE Sheets of paper if necessary.

KiDS NEED MORE is a non-profit organization entirely run by volunteers. We ask that participants make a donation to the organization as a commitment for the weekend. We suggest \$100. The weekend will include, meals, lodging and activities. Make Checks out to: KiDS NEED MORE

Return to KiDS NEED MORE, PO BOX 305, Copiague NY 11726 or Fax: 631.532.4944

