

Location: Gold Coast Camp is in Lake Worth, Palm Beach County. The camp offers modern cabins each with bathrooms, bunk beds and AC & heating. You will need to supply your own pillows, bed linens, towels and bathroom toiletries.

NOTE: Each participant should pack separately as moms bunk with moms, dads bunk with dads, and children over 5 bunk with same age and sex children and trained counselors.

Discussions will be conducted by diabetes specialists led by:

Mary Vaccarello-Cruz, MD
Pediatric Endocrinologist

Andres Torrens, MSW, R-CSW

Agenda/map will be mailed after your registration is received.

Registration is limited to 90 guests and families will be accepted on a first-come first served basis. Priority will be given to families with newly diagnosed children.

For more information:

Call: (352) 334-1321

Fax: (352) 334-1326

E-mail: fccyd@floridadiabetescamp.org

Or visit our website:

www.floridadiabetescamp.org



Registration Form
Deadline: February 13, 2010

Name of child with diabetes: _____

Child's home address: _____

City: _____ St: _____ Zip: _____

Home Phone: () _____

Sex: M F School grade: _____

DOB: _____ Date diagnosed: _____

Insulin Type: _____

Use insulin pump? _____

If yes, Brand _____

Doctor's Name: _____

Contact Information for Parents or Guardians:

Mom's Name _____

Mom's Work Phone: () _____

Mom's Cell Phone: () _____

Mom's E-mail Address: _____

Dad's Name _____

Dad's Work Phone: () _____

Dad's Cell Phone: () _____

Dad's E-mail Address: _____

With whom does child primarily reside: _____

Has child ever been to Florida Diabetes Camp?

Summer Camp _____ Year? _____

Or weekend programs _____

Full names of family members attending:

Parent(s) _____

Siblings (Name, Sex, Date of Birth, Grade)

In addition to those listed above, the name, sex, age, and relationship of all others attending (Needed for making cabin assignments):

Cost:

Fees include lodging at the camp, all meals Saturday and Sunday breakfast, snacks throughout the weekend, supplies and educational materials.

\$85/adults

\$75/youngsters ages 5 - 18

4 and under no charge

Scholarships and partial assistance are available by calling (352) 334-1323. Financial aid forms may be downloaded at www.floridadiabetescamp.org.
Min. \$25.00 Deposit due w/ registration

Total number registering:

_____ Adults @ \$85.00

_____ Children 5-18 @ \$75.00

_____ Children 4 & Under no charge

Total Amount Due: _____

Amount Enclosed: _____

Minimum \$25.00 Deposit due w/ registration
Visa/MasterCard/AMEX/Discover

Account# _____

Exp Date: ____/____/____

Name on Card: _____

Credit Card Security Number _____

On MasterCard, Visa, and Discover, this is the 3-digit code on the back of the card.

On American Express it is the 4-digit code on the front side of the card above the card number.

Signature: _____

Amount Charged: \$ _____

Please make checks to:

FCCYD

PO Box 14136

Gainesville, FL 32604

I would like to help another child attend. Enclosed is my tax deductible donation of \$ _____