

Camp Crystal Lake Family Weekend

You are invited to join in a very special weekend March 12-14, 2010 as families from North and Central Florida converge at Camp Crystal Lake in Keystone Heights to learn more about diabetes and how to "handle it."

Janet Silverstein, M.D

And

Andres Torrens, LCSW

Will lead discussions on:

- Behavior Modification
- Balancing Family, Work & Diabetes
- Diabetes Management
- With lots of times for outdoor activities and sharing your experiences and concerns.

**Registration Deadline
Friday, March 5, 2010**

Registrations will be accepted on a first come, first serve basis. Priority will be given to families of newly diagnosed children.

For More Information Call:

Florida's Diabetes Camp

(352) 334-1321

or visit our web site

www.floridadiabetescamp.org

**CAMP CRYSTAL FAMILY WEEKEND IS
SPONSORED BY:**



at&t

Registration Form Deadline: March 5, 2010

Name of child with diabetes: _____

Child's home address: _____

City: _____ St: _____ Zip: _____

Home Phone: () _____

Sex: M F School grade: _____

Date of Birth: _____ 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)

Name, sex, age, and relationship of all others attending: (need for cabin assignment)

Cost:

Fees include lodging at the camp, all meals on Saturday and breakfast on Sunday. Snacks, diabetes supplies, and educational materials are provided throughout the weekend.

\$75/adults

\$60/youngsters ages 5 - 18

4 and under no charge

REFUND POLICY: Food and lodging must be guaranteed a week in advance. Therefore, there are no refunds for cancellations after 9:00am March 8, 2010

Scholarships and partial assistance are available. Please download form at www.floridadiabetescamp.org or call (352) 334-1321. Min. \$25.00 Deposit due w/ registration

Total number registering:

_____ **Adults @ \$75.00**

_____ **Children 5-18 @ \$60.00**

_____ **Children 4-Under free**

Total Amount Due: _____

Amount Enclosed: _____

Visa/MasterCard/AMEX/Discover

Account# _____

Exp Date: ____/____/____

Name on Card: _____

Credit Card Security 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 \$ _____