

Camp Kydnie

A special camp for kids with kidney disease

Returning Staff Form

Personal Information

Name: _____ Email Address: _____

Age: _____ Date of Birth(MM/DD/YYYY): _____ Sex: M ___ F ___

Current Address: _____

City: _____ State: ___ Zip Code: _____

Permanent Address: _____

City: _____ State: ___ Zip Code: _____

Current Phone #: _____ Cell Phone #: _____

Please check all that apply:

_____ I will be returning as a staff member for camp this year.

_____ I would like to be a cabin leader.

_____ I would like to remain with the cabin group I was assigned last year.

_____ I am willing to have my cabin assignment changed.

_____ I am not be able to attend camp this year, please contact me for the following year.

Applicants signature: _____ **Date:** _____

Name:

Clothing Size:

Shirt: Adult- S ___ M ___ L ___ XL ___

Pants: Adult- S ___ M ___ L ___ XL ___