

The Juvenile Scleroderma Network, Inc (JSDN)
Summer Camp Scholarship Program 2005

Camp Information

Name of camp: _____

Camp Director's name: _____

Phone and email: _____

Camp address: _____

Dates of camp: _____

Camper Information

Camper's name: _____

Parent or other contact: _____

Address: _____

Phone and email: _____

Name of child's doctor: _____

Doctor's phone and email: _____

Reimbursement Information:

Total cost of camp: _____

Amount of reimbursement requested: _____

Please make check payable to: _____

Send check to: _____

To Camp Director: Please fill out this form completely and return it to JSDN, 1204 W. 13th Street, San Pedro, CA 90731.

For more information, call (310) 519-9511 or email campinfo@jsdn.org.

Thank you for your participation in the
JSDN Summer Camp Scholarship Program