



Application for Camp Rainbow Ambassador (4-10 years old)

This form can be photocopied.

Applicant

Last Name		First Name	Middle Initial
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Home Phone	Cell Number	Email	
Street Address	City	State	Zip
Date of Birth	Age		

Date of Diagnosis _____ Diagnosis _____ Hospital _____

School Information (as applicable)

School Name	Next Year's Grade		
School Street Address	City	State	Zip

Please indicate yes or no to the following statements:

- | | | |
|-----|----|---|
| Yes | No | My child enjoys meeting new people. |
| Yes | No | My child is shy around strangers. |
| Yes | No | My child is willing to have his or her picture taken. |
| Yes | No | My child follows directions well. |
| Yes | No | We are willing to share our cancer story. |

Name: _____

Camp Rainbow Attendance

Please indicate which Camp Rainbow camps your child has attended. Where possible, please also indicate the dates of attendance.

<u>Camp Rainbow Camp</u>	<u>Dates of Attendance</u>	<u>Additional Comments</u>

Describe the impact Camp Rainbow has had in child’s and family’s life.

Please tell us the impact Camp Rainbow has had on your life. You should attach no more than one page which may contain an essay, a picture, a drawing, etc. Creativity welcome.

Signature

The information on this form & contained in the application package is true & correct to the best of my knowledge as evidenced by these signatures.

Applicant’s Signature (if appropriate) **Date**

Parent/Guardian’s Signature (if applicant is under 18) **Daytime Phone** **Date**