

Ohio Prader Willi Syndrome Fall Weekend Camp

October 13-15, 2017, Ashely, Ohio

Registration can be sent in immediately for PWSA of Ohio Fall Weekend Camp at Recreation Unlimited in Ashley, Ohio.

Once again this year grants are available for Michigan campers, who are Prader Willi Syndrome Association of Michigan(PWSA-MI) members, and their support staff, except for \$20 fee that must be paid to Prader-Willi Syndrome Association of Michigan for each camper.

The deadline for submitting registration form is August 5, 2017 in order to be considered for a PWSA-MI camp scholarship.

- Camp begins with registration at 6:00 p.m. on Friday, October 13 and ends at 1:30 p.m. on Sunday, October 15, 2017.
- Children and adults ages 8 and over with Prader-Willi syndrome may attend
- Meals and activities will be totally adapted to those with PWS.
- A nurse will be on site for the entire weekend.
- If the camper requires one-on-one assistance, a support person must accompany him/her to camp. The fee for food and lodging for the support person is \$115.
- For camp questions contact: Sandy Giusti at 614-876-1732 or by email at juicete@aol.com.
- For Michigan Campers to register and be eligible for a camp scholarship, fill out and send the form on the attached page with a \$20 check made payable to "PWSA-MI" for required Michigan Chapter fee to:

Dewey W. Graves Jr.
310 Broad St.
Michigan Center, MI. 49254

Note: The \$20 fee is non-refundable.

Once registrations are reviewed by the Michigan chapter, the registration will be forwarded, along with a non-refundable \$50 deposit paid by the Michigan chapter, to PWSA of Ohio.

For questions about PWSA-MI camp scholarships contact: Dewey at 517-764-2483

(Please remember: To receive a Michigan Chapter provided camp scholarship the Registration form below, and \$20 non-refundable fee must be submitted to the above Michigan chapter address by August 7, 2017).

Prader-Willi Camp Registration (ages 8 and up) October 16 to October 18, 2017

Camper's name: _____ **Birth date:** _____

Age: _____ **Circle One:** Male Female

Contact Person (who is responsible for completing paperwork and who can answer questions/provide information):

Relationship to camper: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

Cell Phone: _____ **E-mail Address:** _____

(Please share your email address as this saves time and money for the organization. We will not share your address with anyone, nor will you receive unsolicited e-mail from us)

One-on-One Support Person (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

Cell Phone: _____ **E-mail Address:** _____