

**Diabetes Youth Foundation of Indiana
Family Camp Weekend
Saturday, May 16 and Sunday, May 17**

Name: _____

Phone: _____

Address: _____

email: _____

Total Attending: _____

Names Attending:	Age:	Diabetes	Yes:	No:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

We will provide an afternoon snack on Saturday, as well as, dinner and a bedtime snack. There will be breakfast, a morning snack and lunch on Sunday. You will need to bring all linens and bedding, as well as, all diabetes supplies and toiletries. There are shower facilities. There will be a doctor available for emergencies/questions.

Some suggested items to bring include a flashlight(s), hiking/play shoes (we will take a tour of the camp so be prepared for mud), sunscreen, bug spray and any games, our outside equipment that you might want to play with during free time.

We are delighted to have you join us. If you have any questions please don't hesitate to contact Julie Shutt, executive director, at 317-750-9310 or via email at dyfjulie@yahoo.com

Total attending: _____ X \$20.00 = _____ total owed. Please make checks out to the Diabetes Youth Foundation of Indiana.

Please return this form along with your payment to Julie Shutt, 817 S. Tibbs Ave., Indianapolis, IN 46241.