

The Myositis Association
Summer Camp Scholarship Program
Camper Application Form

To be filled out by camp director or administrator.

Name of person filling out form

Date

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:

The Myositis Association, 1233 20th Street NW, Suite 402, Washington DC 20036;

or by fax to (202) 466-8940.

For more information, call (202) 887-0088 or email tma@myositis.org.

Thank you for participating in The Myositis Association's
Summer Camp Scholarship Program.