



Camper Intake 2020

Participant Name: _____

Date of birth (mm/dd/yy): _____ Male () Female ()

School Name: _____

Type of classroom setting (e.g. essential skills, resource, mainstream) _____

Participant hobbies and interests: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parents/Guardians: _____

Phone #1: _____ Phone #2: _____

Email address: _____

Do you prefer to be contacted via email or phone? _____

Does Participant have Medicaid Waiver? Yes () No ()

If yes, do you want to use the Waiver for this program? _____

Will attend week(s): June 8 _____ June 15 _____ June 22 _____

Participant t-shirt size: Adult S _____ M _____ L _____ XL _____ XXL _____

Please email completed form to lmkabzinski@sycamoreservices.com with the subject "Summer Journey", or mail to:

Sycamore Services, Inc.
Attn: Lisa Kabzinski
P.O. Box 369
Danville, IN 46122

Deposit of \$50 per week due with form. **Early bird discount - \$40** per week if paid by April 15. Checks can be made payable to **Sycamore Services** or online at GiveSmart.com. Upon receipt, Lisa will contact you with more enrollment information.