

Minnesota Spina Bifida Association
Application for Campership

Please return form to:

Minnesota Spina Bifida Association

P.O Box 29323

Brooklyn Center, MN 55429

Email: SBAMN@hotmail.com

Phone: 651-228-0914

Individual with Spina Bifida

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: __ Male __ Female

Family Information:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: MN Zip: _____

County: _____ Home Phone: () _____

Mobile Phone: () _____ Email address: _____

Peer Support:

Your Signature provides permission to MNSBA to share your email and connect you with other families, similar in Age/Geographical location to share experiences.

Signature: _____ Date _____

Fundraising

Please indicate “yes” if the company you work for offers casual day, where employees make a small donation to a chosen organization to dress down? MNSBA will contact you for more information YES
NO.

Topics of interest to you

MNSAB uses this information for resource postings and service provisions

Age related: birth to 3 school age teen young adult adult

Camps Medical, Nutrition Education Transition Social/Recreation Financial Planning

MNSBA Campership fund Application

Campership funds are available for those with Spina Bifida ages 7 and older, wanting to attend day or overnight camp. If the camp is being paid 100% by Waiver/grant funds MNSBA will not provide payment to the camp but will provide \$100.00 towards transportation costs to the camp. Each individual may receive one campership per calendar year. The purpose of this fund is to promote activities that provide independence and socialization.

MNSBA will pay up to \$400.00 for registration fees to any camp in the United States. Funds are dispersed to the camp after the camp provides proof of registration. Campers are responsible to provide an invoice for payment. Inform the camp to send invoice to MNSBA P.O. Box 29323, Brooklyn Center MN 55429 or SBAMN@hotmail.com

MNSBA requires that the applicant must be a resident of Minnesota, attend a MNSBA sponsored event during the last year or be actively involved in the Minnesota parents of Spina Bifida kids facebook page.

Campers name: _____ DOB: _____

Mailing Address: _____

Family contact Name: _____

Email: _____ Phone: _____

Camp attending: _____

Mailing address of camp: _____

Day Camp: Yes No Overnight camp: Yes No

Have you attended this camp before? Yes No

Have you received Campership funds before? Yes No

Do you have wavier/Grant funds that are paying for this camp? Yes No

If Yes: Are you requesting travel funds of \$100.00? Yes No

Submit this for to MNSBA P.O. Box 29323, Brooklyn Center MN 55429

email to SBAMN@hotmail.com