

LVL PWA CAMP OUT APPLICATION — PLEASE PRINT CLEARLY — USE BLACK INK

Please check all that apply: [] PWA/HIV+ [] Camper [] Volunteer [] First Time at TCC

First Timers, how did you hear about the camp out? _____

Your \$25 contribution* helps cover the cost of the camp out. *(please check one)*

- [] I am unable to contribute at this time.
- [] I will bring a contribution with me to the camp out: \$ _____.
- [] I am enclosing my contribution: \$ _____.

Name: _____ Email: _____
Needed For Application Confirmation

Nickname: _____ Address: _____
For Your Name Tag

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone Contact: _____

- [] I plan to arrive on Thursday to help set up and work on any special projects at the campground
- [] I plan to stay over on Sunday to help with the clean up so volunteers can leave by Noon on Monday.

Camping

- [] I will bring a tent
- [] I will bring an RV [Size _____]
- [] I will stay with someone in a tent or RV

Equipment

- [] I need a tent
- [] I need a sleeping bag
- [] I need an air mattress

Transportation

- [] I need a map
- [] I need a ride
- [] I can provide a ride for _____ people

Accommodations

- [] I wish to stay in the bunkhouse *(based on health needs, then first come, first serve)*
- [] I need to stay in the bunkhouse for the following reason(s) _____

May 14-16, 2010

YOU MUST SUBMIT YOUR APPLICATION BEFORE MAY 5, 2010

IF YOU DO NOT FURNISH AN EMAIL ADDRESS FOR CONFIRMATION, IT MAY TAKE UP TO TWO WEEKS TO RECEIVE YOUR CONFIRMATION BY U. S. MAIL.

YOU MUST BRING YOUR COMPLETED MEDICAL AND CONFIDENTIALITY FORMS WITH YOU WHEN YOU CHECK IN AT THE CAMP OUT.

PWA/HIV+ CAMPERS OR VOLUNTEERS, PLEASE READ AND SIGN:

I certify that I have a diagnosis of HIV/AIDS. I may be living on a limited income, which prevents me from going camping without a program such as the LVL PWA Camp Out. I am 21 years of age or older. I further certify that I am physically and medically able to attend a camp out in a moderately developed area. I will bring any medications that I may need to the Camp Out.

Legal Signature _____ Date _____

ALL CAMPERS AND VOLUNTEERS PLEASE READ AND SIGN:

I agree to follow all the rules of LVL PWA Camp Outs and the Texas Conference of Clubs. I will hold blameless PWA Holiday Charities, the Texas Conference of Clubs and any members and officials of said corporations or organizations. I will hold blameless any volunteers and members of all organizations for any loss or damages to my person or property. I am 21 years or older. LVL PWA Camp Outs reserves the right to reject any application for any reason it judges proper.

Legal Signature _____ Date _____

* PLEASE MAKE CHECK PAYABLE TO:
PWA HOLIDAY CHARITIES
WRITE CAMP OUT IN
THE MEMO SECTION

FOR MORE INFORMATION
JOHN SZEWCZYK
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713-529-6615

MAIL TO:
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