



Application for campership to

Camp Hertko Hollow

from the Winneshiek Medical Center Foundation

Child's Name: _____ Male ___ Female ___

Street Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Applicant Age: _____ Grade: _____ Local Health Care Provider: _____

Prior Camp Experience: ___ (yes) ___ (no) If yes, list years: _____ at Camp _____

Type of Diabetes: Type 1 _____ Type 2 _____ Number of years applicant has had diabetes _____

Available to attend Camp Hertko Hollow (check age appropriate session):

Kids Week (ages 8-12) June 28 - July 4, 2020 ___ yes ___ no

Teen Week (ages 13-17) July 5 - July 11, 2020 ___ yes ___ no

I understand that Winneshiek Medical Center Foundation will sponsor two area youth at Camp Hertko Hollow in Boone, Iowa (\$650 value). Campership will be revoked if applicant is unable to attend the 2020 camp session. Applicant/family is responsible for all costs beyond camp registration fee, including, but not limited to: travel expenses, camp supplies, diabetes supplies and camp store purchases. Applicant/family is responsible for all items required by Camp Hertko Hollow for admission to camp.

I hereby give my consent to have photographs, videotaped images or other images made of myself or a family member and/or consent to interviews with a member of the news media or a representative of Winneshiek Medical Center. I understand and agree that these images may be used in the news media or by Winneshiek Medical Center for promotional purposes including, but not limited to: brochures, print advertising, newsletters and web site applications.

Applicant's Signature: _____ Date: _____

Parent or Guardian Signature if under 18: _____

Applications should be postmarked by **February 7, 2020**.

Mail to: Winneshiek Medical Center Nutrition Services, 901 Montgomery St., Decorah, IA, 52101



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Essay Questions (to be answered by applicant). Attach additional pages as needed.

What does having diabetes mean to you? _____

Why would you like to attend Camp Hertko Hollow? _____

Completed applications should be postmarked by **February 7, 2020**.

Mail to: Winneshiek Medical Center Nutrition Services, 901 Montgomery St., Decorah, IA, 52101.

Applications will be reviewed by the diabetes education team at Winneshiek Medical Center. The successful applicants will be notified by phone on or before Friday, February 21, 2020. For any questions regarding the application process, please call 563-387-3158.

For information on Camp Hertko Hollow, visit www.CampHertkoHollow.com.

Camperships are offered thanks to the Calmar Corvette Club and to gifts from generous donors to the Winneshiek Medical Center Foundation Diabetes Education Fund.