



PD Camp
September 16th - 18th at Salvation Army Eagle Crest Camp in Washburn, IL

We're glad you're interested in the PD Camp! Please fill out this registration form in its entirety and submit as soon as possible as registration is limited.

Please complete all of the requested information in each section.

# of Adults _____ attending x \$50 per person	Total fees due: \$ _____

PARTICIPANT INFORMATION

Name :	Phone:
Address:	Email:
City:	Birth Date:
State: Zip:	Age:
Name Badge Should Read:	

*We encourage members to bring a caregiver with them. If you do not have a caregiver to attend with you please note **please note** below a person who would be available in the event of an emergency, night or day.*

My caregiver will be with me _____ **Yes** _____ **No**

If no, name and phone # where caregiver can be reached

CAREGIVER INFORMATION

Name :	Phone:
Address:	Email:
City:	Birth Date:
State: Zip:	Age:
Name Badge Should Read:	

Miscellaneous Information

T-shirt size Participant: _____

T-shirt size Caregiver: _____

Month/Year of diagnosis _____/_____

Physical limitations (if any)

____ Arm Weakness ____ Leg Weakness ____ Standing ____ Transferring ____ Walking
____ Other limitations _____ (please list) ____ None

Communication status:

____ Aphasia ____ Apraxia ____ Swallowing problems ____ None

Assistance Needed (assistance with activities of daily living must be provided by the caregiver)

____ Transferring ____ Walking ____ Bathing ____ Toileting ____ Dressing ____ Eating
____ Taking medications ____ Other _____ (please list) ____ None

Please list any medical equipment necessary for this camper you will be bringing:

____ Walker ____ Cane ____ Wheelchair ____ Raised toilet seat ____ Shower chair/bench ____ None
____ Other (please list): _____

Will you or your family require a special diet beyond heart healthy diabetic friendly, or have any food allergies?

____ Yes ____ No **If yes**, please describe the special diet/allergy (include names of all family members who require the diet) _____

Our best efforts will be made to accommodate your request.

If you have any questions, please feel free to call Roger Halleen 309 219-1210. Send your registration form and payment made out to Central Illinois Parkinson's Support Group:

Roger Halleen
301 Baylor St.
East Peoria, IL 61611
309 219 1210

Confirmation of your registration will be mailed following receipt of this registration. A weekend camp schedule, what to bring and directions to Camp Eagle Crest will be mailed to you prior to camp.