



**CAMP SETEBAID® AT CAMP VICTORY**  
**AUGUST 7-12, 2011**  
**AGES 8-13**



**CAMP SETEBAID AT CAMP VICTORY**

Camp Setebaid at Camp Victory is a one-week summer camp for children and teens ages 8 to 13 with Type 1 diabetes. Camp Setebaid at Camp Victory, a Setebaid Services® program, is held at beautiful Camp Victory in Millville, Pennsylvania.

**2011 ACTIVITIES**

- Archery
- Arts & Crafts
- Biking
- Cabin Wars
- Creek Stomping
- Fishing & Boating
- Nature Lore
- Sports & Games
- Campfires & Singing
- Ropes Course with Zip Line & Climbing Wall
- Swimming (in Pool)



Camp Setebaid is a member of the Diabetes Education and Camping Association (DECA).

**PROFESSIONALLY STAFFED:**

The camp is staffed by mature adults and experienced professionals, including a Camp Director, a physician Medical Director, and experienced Counselors. All staff (many have diabetes themselves) are trained in child development psychology, working with children, and diabetes health issues.



**Roasting Marshmallows over the campfire at Camp Victory.**



**2011 CAMPER FEES**

Camp Setebaid at Camp Victory's Fee is \$895. Return the attached registration form and a \$175 non-refundable deposit immediately! Spaces will be filled on a first-come-first-served basis. Outstanding forms or balances after June 3, 2011 will incur a late fee of \$35. All application forms must be received and balances must be paid in full to attend camp.


**REFUNDS**

Refunds of the camp fee minus the \$175 non-refundable deposit will be granted if we are notified of cancellation in writing prior to June 3<sup>rd</sup>, 2011. Sorry, we cannot offer refunds after this date for any reason. A complete refund policy is available on our website or upon request.

**ACCREDITATION**



Camp Setebaid at Camp Victory is proud to be accredited by the American Camp Association. This nationally-recognized certification assures you that Setebaid Services® reviews program quality and health and safety issues and that it meets or exceeds national standards. Camp Setebaid at Camp Victory maintains the highest standard of care in the diabetes camping industry.

To sign up, simply visit [www.campsetebaid.org](http://www.campsetebaid.org) and click  for online registration OR send the next page to Camp Setebaid at Camp Victory at the address below:



SETEBAID SERVICES,® INC.  
P.O. BOX 196  
WINFIELD, PA 17889-0196  
(570) 524-9090  
1-866-SETEBAID  
[www.setebaidservices.org](http://www.setebaidservices.org)

**Join us at Camp Setebaid for the best week of your summer!**

Setebaid Services,® Inc. is a not-for-profit organization that provides diabetes education and social support programs for people with diabetes. The primary mission of the organization is to enhance the quality of life for people with diabetes by educating them to maintain control of diabetes while living enjoyable and healthy lives.

**Camp Setebaid at Camp Victory  
Registration Form for August 7-12, 2011**

Camper Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
email: \_\_\_\_\_@\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Age: \_\_\_\_ Sex: *Male* *Female*

Adult Shirt Size: *Small Medium Large XL XXL*

Name of Parents or Legal Guardians: \_\_\_\_\_

Name \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you securing financial assistance for your child to attend camp?  No  Yes: From whom? \_\_\_\_\_

**All Forms Must be Signed By a Legal Guardian**  
*The information on this form is true and correct to the best of my knowledge. I am registering the camper named above, who has Type 1 diabetes, and understand that the fee of \$175 covers the cost of registration and other expenses. I realize this fee is non-refundable/non-transferable and that refunds will only be given in accordance with the refund policy.*

X \_\_\_\_\_ Date: \_\_\_\_\_

Registrations will not be processed without a non-refundable \$175 processing fee. For credit card use, please complete the next section.

**For Credit Cards Only**



Please enter the following information for the Credit Cardholder, as it appears on the billing statement.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Type of Card:  Discover  MasterCard  Visa  
Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_ Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\* Security #: a three digit number on the back of the credit card, usually in the signature block. If the entire card number is in the signature block, the Security # will be the last three digits.

By signing below, I certify that I am over age 18 and the Cardholder of the card listed above. I authorize Setebaid Services, Inc. to charge this card for the deposit and for the camper's account balance on its due date. Any donations listed on the registration form will be charged immediately. I understand that all sales are final and non-refundable/non-transferable. I reserve the right to cancel charging the balance if Setebaid Services receives a written cancellation notice at least two weeks prior to the due date.

Cardholder Sign Here

X \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

Return this form to:  
**Camp Setebaid at Camp Victory  
Setebaid Services, Inc.  
P.O. Box 196  
Winfield, PA 17889-0196**

(Complete this section and mail with your \$50 FA Application Fee **only** if applying for Financial Assistance)

**Financial Assistance Application for CS@CV**

This is an application for financial assistance (FA) to attend CS@CV. FA offered by Setebaid Services® is underwritten, in part, through grants and contributions.

FA is limited and is available for those who qualify on a first-come-first-served basis. Setebaid Services has final say on who receives the available FA. FA is not limited by race, color, religion, sex, national origin, disability, sexual orientation, or any other protected group. Please understand that every effort will be made to offer FA to families in need, but funding is not guaranteed.

Please allow 1 month for review; we will notify you when your FA application has been processed.

**CAMPER INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT INFORMATION (if address is different, please provide).**

Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_  
How many people are in your immediate family? \_\_\_\_\_  
How much can you pay? \$ \_\_\_\_\_  
What is your household income from all sources? \$ \_\_\_\_\_

**You must include a copy of your signed 2010 1040 tax form. Do NOT include W-2, schedules, or any other forms.**

Attach another sheet of paper to briefly explain circumstances not reflected in the family size or income stated above.

By signing below, you understand that financial assistance is awarded until the financial assistance funds are exhausted based on minimum criteria and that there is no guarantee that financial assistance will be awarded. You understand that partial assistance may be awarded if you do not qualify for full assistance. You understand that the \$50 fee is non-refundable regardless of whether or not you receive financial assistance. You certify that you are acting as the legal caregiver (parent/guardian) for the child listed above, that you have provided true copies of the required tax forms, and that you have provided information truthfully and to the best of your ability. Further, you understand that if you do not return all forms on time, or if you choose to not attend the program listed above without notifying Setebaid Services® at least 2 weeks in advance, you will be responsible for paying all fees associated with the program.

Parent Signature: X \_\_\_\_\_