



## Camper Registration

Camp Abilities Nebraska Dates: July 19-24, 2020

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Please Describe Type of Vision Loss: (Low Vision, Blind, Deaf-Blind, Etc.) \_\_\_\_\_

Grade: \_\_\_\_\_ Name of Teacher of the Visually Impaired: \_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_

Parent (or Legal Guardian): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Registration deadline is April 17, 2020 and is limited to 24 campers.**  
**Registration will close early if 24 registrations are received before the April 17, 2020 deadline.**  
**Please register early.**

Tuition is \$300 per child. Scholarships are available by contacting Kristal Platt, Vision Program Coordinator, at (531) 355-6365.  
 Payment is due at the time your registration is submitted.

Registration may be submitted by any of the following methods:

1. Email to: [Guadalupe.Medina@boystown.org](mailto:Guadalupe.Medina@boystown.org)
2. Fax to: (531) 355-5028 Attn: Lupe Medina
3. Mail to: Lupe Medina  
 Boys Town National Research Hospital - CCDLL  
 555 N. 30th Street  
 Omaha, NE 68131

Please indicate your payment method:

- Check (make check payable to:  
Boys Town National Research Hospital  
Camp Abilities)
- Credit Card Please call (531) 355-5017
- Scholarship Please call (531) 355-6365  
*\*make request before submitting registration*

Registration does not guarantee enrollment. Acceptance is based on completion of paperwork, camper qualifications and administrative review.

*Additional information can be found at:*

<https://www.boystownhospital.org/classes-and-events/camp-abilities>

