

CAMPER REGISTRATION FORM

This registration form will help us understand who is interested in coming to Camp Moomba in 2020. Filling out this form does not guarantee your camper(s)'s spot. We must receive this completed form by **January 31st, 2020**. Return this form by confidential email (moomba@youthco.org), mail (205-568 Seymour St., Vancouver, BC, V6B 3J5) or fax (604-684-1741) by January 31st!

Winter Camp 2020 is open to youth who are 6 to 17 years old, and are living with HIV or have a close family member who is HIV-positive! The dates of camp will be from **March 7&8, 2020**.

At Camp Moomba, we talk openly about our shared connection to HIV. Campers must be aware of how HIV affects them or their family prior to coming to camp. YouthCO may be able to help support families with disclosure.

CAREGIVER INFORMATION

Name & Relationship:
Phone Number /best way to get in touch:
Email Address:
Name & Relationship:
Phone Number /best way to get in touch:
Email Address:

CAMPER INFORMATION

First & Last Name	Age	One on one support?	Connection to Moomba
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Let's discuss further	<input type="checkbox"/> Living with HIV <input type="checkbox"/> HIV-negative sibling of HIV-positive camper <input type="checkbox"/> HIV-negative camper who cares for a close family member living with HIV <input type="checkbox"/> Has had a close family member living with HIV pass away <input type="checkbox"/> None of the above
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Let's discuss further	<input type="checkbox"/> Living with HIV <input type="checkbox"/> HIV-negative sibling of HIV-positive camper <input type="checkbox"/> HIV-negative camper who cares for a close family member living with HIV <input type="checkbox"/> Has had a close family member living with HIV pass away <input type="checkbox"/> None of the above
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Let's discuss further	<input type="checkbox"/> Living with HIV <input type="checkbox"/> HIV-negative sibling of HIV-positive camper <input type="checkbox"/> HIV-negative camper who cares for a close family member living with HIV <input type="checkbox"/> Has had a close family member living with HIV pass away <input type="checkbox"/> None of the above
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Let's discuss further	<input type="checkbox"/> Living with HIV <input type="checkbox"/> HIV-negative sibling of HIV-positive camper <input type="checkbox"/> HIV-negative camper who cares for a close family member living with HIV <input type="checkbox"/> Has had a close family member living with HIV pass away <input type="checkbox"/> None of the above

March 7th - TRAVEL INFORMATION

Where will your camper(s) be leaving from on March 7th to get to Camp Moomba?
Which forms of transportation to get to Camp Moomba would work best for you? Check all that apply:
<input type="checkbox"/> Car (my car or the car of someone in my community) <input type="checkbox"/> Car (a ride from someone on the YouthCO team) <input type="checkbox"/> Ferry <input type="checkbox"/> Train <input type="checkbox"/> Other

March 8th - TRAVEL INFORMATION

Where you will your <i>camper(s)</i> be returning to on March 8th when leaving Camp Moomba?
Which forms of transportation to get to Camp Moomba would work best for you? Check all that apply:
<input type="checkbox"/> Car (my car or the car of someone in my community) <input type="checkbox"/> Car (a ride from someone on the YouthCO team) <input type="checkbox"/> Ferry <input type="checkbox"/> Train <input type="checkbox"/> Other

Signature: _____ Date: _____