



April 3, 2010

Re: Bleeding Disorders Summer Camp 2010 “Camp Independence”

The Hemophilia Foundation of Nevada is hosting Camp Independence July 8-11, 2010 at the Torino Ranch in the nearby Spring Mountains 45 minutes west of Las Vegas.

This camp is a sleep over camp with the camp activities such as swimming, canoeing, hiking, archery, campfires, arts and crafts. Camp Independence is unique and gives children affected by bleeding disorders the opportunity to learn skills necessary to function independently while managing their disorder. Camp is fully supervised by a medical team providing medical supervision, care and intervention if needed.

Children eligible to attend are children with inherited bleeding disorders and carriers of hemophilia. Household siblings not affected by a bleeding disorder, are invited to camp, on a space available basis. Children must be 8-17 years of age and be residents of Nevada. Children must be at least 8 years old by July 7, 2010. Please list any children in your **household** who are age appropriate for camp. Once reservations have been received, you will be notified as to status.

We expect a record number of Nevada campers, so it is imperative to reserve space now. There are only 70 spaces available so please make your reservations early. **All requests for camper spaces MUST be received in the HFNV office by April 26, 2010.** There can be **NO** extensions. **Since airline reservations need to be made for northern Nevada campers, please be sure to get your reservations in as early as possible so we can make the airline reservations.**

In early May, applications will be available on the HFNV website. These must be filled out completely and returned HFNV office. (Northern Nevada campers will mail their applications to the HFNV office). Information regarding days and times for the applications to be returned for southern Nevada campers will be sent to you. **All youth attending camp must have a medical form completed by his/her doctor. We can not use medical forms from prior years.** For your convenience we have attached a camp reservation form with this letter. Please complete and return it to the HFNV office via mail or FAX immediately to ensure a space for your child/children.

Regards,

Anne McGuire

Anne McGuire
Executive Assistant

1850 Whitney Mesa Drive, Ste 150 Henderson, NV 89014
702.564.4368-Ph 702.446.8134-Fax

2010 HEMOPHILIA CAMP RESERVATION FORM

Thursday July 8 – Sunday July 11, 2010.

PLEASE PRINT

1 CHILD NAME: _____

Date of birth: _____

T-shirt size (circle one):

Child S	Child M	Child L	Adult S	Adult M	Adult L	Adult XL
6-8	10-12	14-16				

This child is in the following category:

Child with a bleeding disorder. Please specify diagnosis: _____

Carrier of Hemophilia A or B. _____

Sibling without a bleeding disorder in your household

2 CHILD NAME: _____

Date of birth: _____

T-shirt size (circle one):

Child S	Child M	Child L	Adult S	Adult M	Adult L	Adult XL
6-8	10-12	14-16				

This child is in the following category:

Child with a bleeding disorder. Please specify diagnosis: _____

Carrier of Hemophilia A or B. _____

Sibling without a bleeding disorder in your household

3 CHILD NAME: _____

Date of birth: _____

T-shirt size (circle one):

Child S	Child M	Child L	Adult S	Adult M	Adult L	Adult XL
6-8	10-12	14-16				

This child is in the following category:

Child with a bleeding disorder. Please specify diagnosis: _____

Carrier of Hemophilia A or B. _____

Sibling without a bleeding disorder in your household

Your Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Cell _____ Work _____

Email: _____

THIS FORM MUST BE RECEIVED IN THE HFNV OFFICE BY APRIL 26, 2010

Fax to:
(702) 446-8134

Mail to:
HFNV
1850 Whitney Mesa Drive, Ste 150, Henderson, NV 89014