

Camper Application Request Form

Please print and fill out this form to request an application for a child age 7-17 who wishes to attend Miracle Burn Camp (Camp Foster) located at East Lake Okoboji, Iowa.

Miracle Burn Camp is a one week camp (Sunday to Saturday) that occurs on the second full week in July.

****All applications and forms must be filled out by the child's parent or guardian.
Please make every attempt to mail this request form to us by March 1st.**

Camp Foster charges \$395 per week per child-St. Florian pays this fee for all burn camp kids. However, please consider sending \$20 or more with your child for spending at the camp store.

Your name _____ Phone # (____) _____

Your relationship to the child _____

Child (campers) full name _____

Address the application is to be mailed to: (see** above)

Street _____

City _____ State _____ Zip code _____

Campers date of birth ____/____/____ Gender: Male _____ Female _____

Has this camper attended Miracle Burn Camp in the past? Yes _____ No _____

If so, what was the last year he/she attended _____

Will your camper need transportation to and from camp? Yes _____ No _____

If your child has never attended Miracle Burn Camp please answer the following questions.

In what hospital was the camper treated for his/her burns or skin grafts?

Name of Hospital _____

City and State the hospital is located in _____

Date(s) he/she was treated there _____

Name of Doctor who treated the camper _____

Mail the request form to:

Miracle Burn Camp

St. Florian Fire & Burn Foundation

PO Box 3451

Sioux City, IA 51102