We’re All Superheroes!

Get away from it all and head to the majestic beauty of the Camp Courage in Maple Lake, MN. Parents, children and siblings can all enjoy traditional camp activities such as swimming, pontoon rides, arts and crafts, hiking, fishing, sports and great networking family activities and events.

Who?
Children living with neuromuscular disease ages 0-18, their parents and siblings

When?
Friday, September 21st – Sunday, September 23rd, 2018

How much does it cost*?
The cost is $25 for each family member before August 1st and $30 for each family member after August 1st. The maximum charge is $100 per family before August 1st, and $120 after August 1st (for families of 4 or more). Camp is free for children 1 and under.

What is included?
The Family Weekend fee includes: 2 nights lodging, 5 meals, and program activities. Families will stay in one of the lakeside cabins at Camp Courage. Cabins include 5 large family sleeping areas separated by a pocket door, recreational common area, 5 bathrooms, and a kitchenette with a refrigerator. Families must provide their own linens or sleeping bags for a twin bed.

*Scholarships are available if the cost is prohibitive for your family. Please contact Jenny Marzolf @ 612-626-4823 or marz0031@umn.edu for an application*

How do I sign up?
Just return the registration form and fee to the MD Center via mail. You can call Jenny Marzolf @ 612-626-4823 or mdcenter@umn.edu with questions.
FAMILY Weekend REGISTRATION FORM
September 21st – September 23rd, 2018
True Friends Camp Courage, Maple Lake MN

The ____________________________ Family would like to register for the MD Center Family Weekend!

Address __________________________________________________________
City ____________________________ State _________ Zip ________________
Phone Number _____________________________________________________
Work or Cell Phone __________________________________________________
E-mail Address _____________________________________________________

The members of our family that will be attending the family weekend are (please print):

<table>
<thead>
<tr>
<th>Name</th>
<th>Male/Female (M or F)</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Affected with neuromuscular disease? Y or N</th>
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Family Specifics:

Does your affected child need assistance with feeding? □ Yes    □ No

How many family members would like veg. meals: ____________ Other dietary restrictions? ______________

Does your child with neuromuscular disease need a hospital bed: □ Yes    □ No

In the past, service dogs have joined us at camp.
Is anyone in your family allergic to dogs? □ Yes    □ No

Will you be bringing a dog? □ Yes    □ No
Will your family arrive in time for Friday evening dinner? □ Yes □ No

Are there other families who have attended the weekend that you’d like to be placed in the same cabin with? If so, please give us the name/s in the space provided. Please note, if you request a specific cabin, we cannot accommodate both family and location requests. **We will do our best to accommodate these requests:**

____________________________________  _____________________________________

____________________________________  _____________________________________

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**Family Weekend Program Cost***

<table>
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<tr>
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<th>Before August 1st: $25</th>
<th>After August 1st: $30</th>
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<td>Each Family Member</td>
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<tr>
<td>Children 1 and under</td>
<td>Free</td>
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<td>Family Max</td>
<td>Before August 1st: $100</td>
<td>After August 1st: $120</td>
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<td>(this is the maximum total for families of 4 or more)</td>
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The Family Weekend fee includes: 2 nights lodging, 5 meals, and program activities. Families will stay in one of the lakeside cabins at True Friends-Camp Courage. Cabins include 5 large family sleeping areas separated by a pocket door, recreational common area, 5 bathrooms, and a kitchenette with refrigerator. Families must provide their own linens or sleeping bags for a twin bed.

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CHECK-IN: 5-6pm, Friday. **Dinner is provided; please indicate above if you will arrive for dinner.**

CHECK-OUT: 11am, Sunday

*There is limited space available so please act quickly to ensure your spot. Space will be given to those on a first-come, first-served basis – don’t miss your chance and register today!*  

[ ] My check is enclosed (Please make check out to: Paul and Shelia Wellstone MD Center)

Signature: ___________________________ Date: ___________

**Return this completed form with a check to**

(Please make checks payable to: Paul and Shelia Wellstone MD Center):

Paul and Shelia Wellstone MD Center  
Attn: Jennifer Marzolf  
420 Delaware Street SE  
MMC 295 Mayo, 8295A  
Minneapolis, MN 55455