



## Hemophilia Ontario Wanakita Summer Camp Financial Support Form

\*Please rest assured that all information provided in this form will be kept strictly confidential. This process is designed solely to assist with our bookkeeping and budgeting needs to ensure camp remains accessible to all families.\*

*This form is to be completed by the parent/guardian and signed by a clinic representative to verify financial need and/or the benefit of camp attendance for the child.*

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### SECTION 1: Camper Information

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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### SECTION 2: Parent/Guardian Statement

*We want to ensure camp remains accessible to all families. Please share a brief explanation of why financial assistance is needed at this time to help us provide support where it's most needed.*

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I, the undersigned, confirm that the above information is true and accurate to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **SECTION 3: Clinic Verification**

*This section is to be completed by a clinic representative.*

I, the undersigned, confirm that I am familiar with the camper and/or their family. Based on my knowledge, I support this request for financial assistance for the Wanakita Summer Camp registration fee.

**Clinic Representative Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please submit this completed form to:**

LChasse@hemophilia.on.ca