

**RECREATION UNLIMITED
2009 PRADER-WILLI SYNDROME (PWS) SUMMER RESIDENTIAL CAMP**

The mission of Recreation Unlimited Farm & Fun (Recreation Unlimited) is to provide year round programs in sports, recreation and education for individuals with disabilities and health concerns while building self-confidence, self-esteem and promoting positive human relations, attitudes and behaviors. Recreation Unlimited is pleased to offer its 4th annual summer residential camp specifically for individuals with Prader-Willi syndrome.

- Sunday, June 7, 2009 to Friday, June 12, 2009.
- Arrival time is Sunday from 4:30 p.m. to 5:00 p.m.
- Departure time is Friday from 10:30 a.m. to 11:30 a.m.
- Youth and adults with PWS, ages 8 and up.
- Recreation Unlimited provides a full schedule of activities, lodging, meals and snacks, counselors, program leaders and nurses.
- The 2009 PWS Summer Residential Camp fee is \$795 **plus** one-time annual \$35 non-refundable registration fee.
- Recreation Unlimited is an Ohio Medicaid Individual Options Waiver, Level One Waiver and Ohio Home Care Waiver provider.
- Registrations are held on a first-come, first-served basis.
- Send one-time annual \$35 non-refundable registration fee plus the form below to:
PWS Summer Residential Camp
Recreation Unlimited
7700 Piper Road
Ashley, Ohio 43003

Make **checks** payable to **Recreation Unlimited**. For more information or questions regarding the PWS Summer Residential Camp, please contact Laura Smith at 740-548-7006 or lsmith@recreationunlimited.org. Also visit our website at www.recreationunlimited.org.

Upon receipt of the check and registration form, an application packet will be sent to the contact person listed below for completion. Also included will be a medical history/physical form to be completed by a physician. Acceptance to camp is based upon timely return of packet, review and approval of packet and camp capacities.

2009 PWS Summer Residential Camp
June 7, 2009 – June 12, 2009

Camper Name _____ Birth Date _____ M ___ F ___
Contact Name _____
Address _____

Email _____ Cell _____
Daytime Phone _____ Evening _____