**Before April 30th**
Camp Winadu
PO Box 880449
Boca Raton, FL 33488
Tel 800-494-6238

**After May 1st**
Camp Winadu
700 Churchill Street
Pittsfield, MA 01201
Tel 800-494-6238
Fax 413-447-8905

**Staff Name** _____
(please print) First Last

## Medical Insurance Information

Medical Insurance Carrier_____

Address_____

Address_____
City State Zip Code

Cardholder_____

Group Number _____Policy Number _____

Phone number for verification_____

## Prescription Insurance Information

Is the camper covered by family prescription insurance?

If so, indicate Carrier or Plan Name _____

Address_____

Address_____
City State Zip Code

Name of Insured_____ Relationship to camper_____

Social Security # of Policy Holder or Insurance ID#_____

Phone number for verification_____