

**CAMP CAN DO
APPLICATION FORM**

To be submitted to Torres Foundation Office by
June 30, 2009

Name:

Address:

City:.....

Postal Code:.....

Telephone:

School Attended:

Date of Birth:.....

Gender: Male: Female:

Amount of Vision:

Communication Preference:

Braille: Large Print: Regular Print:

Primary Computer Access Device Type:

Speech: Large Print: Braille:

Name of Product:

JAWS: MAGic: Other:

Declaration -

I have read and understood the material relating to the Torres Foundation Camp Can Do Program, and hereby declare that I meet all of the program requirements. I understand that without receipt of the letters of endorsement and recommendation and my essay as required, my application will be considered incomplete and therefore will not be considered until the file is complete.

Signature of Applicant:

Date: _____

Signature of Applicant Guardian (if under 18):

Date: _____