



SPONOSORSHIP APPLICATION FOR CAMP ODAYIN

How has your child's diagnosis affected your family emotionally, financially, etc.? (Please only share what you feel comfortable sharing.) _____

What is your family or your child hoping to get out of attending Camp Odayin? _____

In what way has Lasting Imprint helped you? How are you involved? Is there anything else we can provide? _____

Would you like to be connected with other children and families that have been affected by CHD? _____