



January 12, 2009

Dear Parents and Campers:

The American Cancer Society's Camp Ukandu is getting ready for the summer of 2009. We are looking forward to another outrageously fun year at Camp Ukandu. We have a few changes that have come about for those of you who have attended camp before. After nearly 20 years of holding Camp Ukandu at Camp Magruder, and after much thought, we have decided to change our camp location. Camp Ukandu will now be held at YMCA Camp Collins in Gresham, OR. Camp Collins is a wonderful site with many updates, a more up to date medical facility and a great staff to work with.

Camp Ukandu will be held from Sunday, June 21 through Saturday, June 27, 2009. Please note that this is a date, as well as a location change from previous years. For more information on YMCA Camp Collins, please visit their website at [www.campcollins.org](http://www.campcollins.org).

Though we are very excited to call YMCA Camp Collins our "new home," we are sensitive to the fact that Camp Magruder holds so many magical, special and truly fond memories. We intend to keep making those special memories at this new site and are excited you are joining us on this new adventure.

Enclosed you will find criteria on who is eligible to attend Camp Ukandu along with an application. Please review the selection criteria carefully, complete the forms and return them to:

**American Cancer Society  
Attention: Emily Satterlee  
Camp Ukandu  
0330 SW Curry Street  
Portland, OR 97239**

If you have any questions about camp, please contact Emily Satterlee at 503-795-3914 or at [emily.satterlee@cancer.org](mailto:emily.satterlee@cancer.org).

Sincerely,

Emily Satterlee  
Camp Ukandu Director  
American Cancer Society  
Great West Division, Inc.



## American Cancer Society's Camp Ukandu

### American Camp Association - Accredited Camp Status

The American Cancer Society's Camp Ukandu is an American Camp Association-Accredited Camp. What does that mean for your child?

American Camp Association (ACA) accreditation means that Camp Ukandu submitted to a thorough (over 300 standards) review of its operation by the ACA — from staff qualifications and training to emergency management — and complied with the highest standards in the industry.

As parents, you expect your child to attend accredited schools. Your child also deserves a camp experience that is reviewed and accredited by an expert, independent organization.

American Cancer Society - Camp Ukandu and ACA have formed a partnership that promotes summers of growth and fun in an environment committed to safety. By attaining ACA accreditation, the American Cancer Society has demonstrated its commitment to quality camp programming.

ACA is the only independent accrediting organization reviewing camp operations in the country. Its nationally-recognized standards program focuses primarily on the program quality, health and safety aspects of a camp's operation. ACA collaborates with experts from The American Academy of Pediatrics, the American Red Cross, and other youth service agencies to assure that current practices at the camp reflect the most up-to-date, research-based standards in camp operation. For more parent-focused information about accreditation, visit ACA's [www.CampParents.org](http://www.CampParents.org).

## Eligibility Guidelines for Camp Ukandu 2009

Children who have a diagnosis of cancer or who have had a bone marrow transplantation (BMT) or a stem cell transplantation (SCT), along with one brother or sister, who are between the ages of 8 and 17 (eligibility ends at the age of 18 and/or high school graduation) and who come under one of the following:

- Child diagnosed with cancer on active cancer therapy.
- Child diagnosed with cancer off therapy for less than two years (as of June 21, 2009.)
- Child less than two years (as of June 21, 2009) from date of BMT/ SCT or end of immunosuppressive therapy.
- Child who completed cancer therapy, BMT/SCT prior to the age of 8. (Eligible to attend camp for two years.)
- Child who has had cancer, who is currently not on treatment and has not attended camp for the two years they are eligible.
- Brothers and sisters of a child with diagnosis of cancer or child having BMT/ SCT. Each family can have a sibling at camp for two years.
- Brothers and sisters who have lost a sibling due to cancer, BMT/SCT within two years may attend camp for one year.
- If you don't meet the above criteria but would like to be considered and on a waiting list (if space allows,) please check here. **NOTE:** Those applicants on the waiting list will have their information reviewed by the Camp Ukandu Medical Committee and Camp Director to assess for greatest need. It will be to their full discretion to make a final decision. You will be contacted by May 22<sup>nd</sup> if your child has been selected to attend. You may apply to be on the waiting list for one year.

### Please remember:

- Space is limited and will be assigned on a priority basis according to the list above.
- Returning campers should submit their applications as soon as possible to secure a spot at Camp Ukandu. Medical forms for those who apply will be sent out in early **April 2009**.
- A designated number of spaces will be held for children newly diagnosed.

Contact Emily Satterlee with any questions: [emily.satterlee@cancer.org](mailto:emily.satterlee@cancer.org) or 503-795-3914.

**Please return application (including this page) to:**

**American Cancer Society  
Attn: Emily Satterlee  
0330 SW Curry Street  
Portland, OR 97239**



Camp Ukandu

**2009 CAMP UKANDU REGISTRATION FORM  
CHILD WITH CANCER**

**Child's Full Name:** \_\_\_\_\_  
                                    First                                    Middle                                    Last

**Gender: Male\_\_ Female\_\_ Date of birth: \_\_\_\_\_ Age: \_\_ Grade in school: \_\_**

**Ethnicity (optional): \_\_\_\_\_ Sweatshirt size: Youth: S M L Adult: S M L XL**

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

City

State

Zip

County

**Have you attended camp before? Yes\_\_ No \_\_ If yes, what year(s)? \_\_\_\_\_**

**Name(s) of Parent(s)/Legal Guardian(s): \_\_\_\_\_**

**Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_**

**Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_**

**Mother Work Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_**

**Preferred method to be reached: (Email, Home #, Cell #, etc.) \_\_\_\_\_**

**Your child's type of cancer:** \_\_\_\_\_

**Date of cancer diagnosis:** \_\_\_\_\_

Month & Year

**Is your child still receiving cancer treatment? (Chemotherapy, Radiation, Bone Marrow Transplant, Stem Cell Transplant) Yes\_\_ No\_\_**

**When was your child's therapy discontinued, if applicable? \_\_\_\_\_**

Month & Year

**Oncologist's Name:** \_\_\_\_\_

**Hospital your child is receiving or received treatment for cancer:**

**Do you have an eligible sibling that will be coming with you? Yes\_\_ No\_\_**

**Has this sibling attended camp before? Yes\_\_ No\_\_ If yes, what year(s)? \_\_\_\_\_**

**Sibling's name:** \_\_\_\_\_

**If a sibling is eligible and plans to attend, please complete the Sibling Application Form.**



### 2009 CAMP UKANDU REGISTRATION FORM SIBLING

Child's Full Name: \_\_\_\_\_  
                                                First                                                Middle                                                Last

Gender: Male\_\_ Female\_\_ Date of birth: \_\_\_\_ Age: \_\_\_\_ Grade in school: \_\_\_\_

Ethnicity (optional): \_\_\_\_\_ Sweatshirt size: Youth: S M L Adult: S M L XL

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

County

Name(s) of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_

Preferred method to be reached: (Email, Home #, Cell #, etc.) \_\_\_\_\_

What is your brother or sister's name that has cancer? \_\_\_\_\_

What type of cancer does he/she have? \_\_\_\_\_

Date of cancer diagnosis: \_\_\_\_\_

Month & Year

Is he/she still on therapy? (Chemotherapy, Radiation, Bone Marrow Transplant,  
Stem Cell Transplant) Yes \_\_\_\_ No \_\_\_\_

If no, when was the therapy discontinued? \_\_\_\_\_

Month & Year

Have you attended Camp Ukandu before? Yes \_\_\_\_ No \_\_\_\_ If yes, what year(s)? \_\_\_\_

Have any other siblings attended Camp Ukandu? Yes \_\_\_\_ No \_\_\_\_

If yes, what are their names and what year(s) did they attend?  
\_\_\_\_\_