

Please ensure you have this one time PIWARSKI form filled out and returned to Saskatchewan Epilepsy Inc in order to be reviewed for the \$1,000 Sponsorship. This Camp Sponsorship will be awarded to a camp, or paid to the guardian parent once they have submitted their posted bill for the client's attendance. Saskatchewan Epilepsy, Box 33016, Regina, Sask. S4T 7X2 Ph 306-359-0905 Fax 306-359-6892 or skepilepsy@sasktel.net

**ENSURE ALL FIELDS ARE FILLED OUT**

**PART 1 : APPLICANT INFORMATION**

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Telephone : \_\_\_\_\_ Email : \_\_\_\_\_

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

City & Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Date of Birth : 

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Year                      Month                      Date

Female  Male

Does the epilepsy patient currently have epilepsy seizures?                      Yes  No

**AN OFFICIAL LETTER FROM YOUR PHYSICIAN**

**MUST BE PROVIDED STATING THE CLIENT HAS EPILEPSY**                      ATTACHED :                      Yes  No

Is the client a Saskatchewan Resident                      Yes  No

**PART II : CAMP APPLICATION**

Camp where the patient would like to attend : \_\_\_\_\_

City & Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Week & Date of camp \_\_\_\_\_ Age \_\_\_\_\_

**PART III : SEIZURE AWARENESS**

Are camp staff aware of epilepsy seizures?                      Yes  No

Does the patient have a buddy with them or someone to supervise should seizures occur?                      Yes  No

**Signature:**

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**Date :** \_\_\_\_\_