



- Please send an application for Camp Wonder Hands.
- I am enclosing a camper sponsorship for \$500.
- I am enclosing a financial donation of \$_____.
- I am interested in volunteering for Camp Wonder Hands.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

Please mail to:
 Palmetto Health Children's Hospital
 ATTN: Camp Wonder Hands
 Nine Medical Park Drive, Suite 600
 Columbia, SC 29203



Make checks payable to Palmetto Health Children's Hospital/Camp Wonder Hands.

- LAUGHING
- CANOEING
- SINGING
- DANCING
- PLAYING
- RIDING
- SWIMMING
- JUMPING
- PAINTING
- CREATING
- CLIMBING
- SIGNING
- SMILING
- LEARNING
- DREAMING
- RUNNING
- COOKING
- SLEEPING
- EATING
- WATCHING
- STRETCHING
- HIKING
- PLAYING
- BUILDING