

Staff Interest Form 2010

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(If you have an AOL email address, please add Asthmacamp@hotmail.com to your contacts list. AOL dumps that email into a spam folder and you will not receive it.)

Circle dates you are available: June 26 – July 2 June 26 - 29 June 29 – July 2

Other: _____

If you are bringing children with you please provide info below:

Name of child _____ Grade in 10-11 _____

Name of child _____ Grade in 10-11 _____

Name of child _____ Grade in 10-11 _____

Which, if any, of these children have asthma? _____

Circle your T-Shirt size: M L XL XXL XXXL

Please complete and mail to :

Non Physician Staff

Winnia Ingram R.N.

33051 Green Wing Lane

Brownstown, MI 48173

Or complete and attach to an email to:

WRIJA@aol.com

Physician Staff

Scott Paxton D.O.

22644 ShadowPine Way

Novi, MI 48375

Or complete and attach to an email to:

skpaxton@att.net

Additional forms needed: Staff Application (1st timers only)
Confidential Reference Form from three (3) references (1st timers only)
Please send: A Copy of current professional license
A Copy of current CPR card
A Copy of negative TB test dated after June 2009.