

Camp Bluebird Volunteer Information Form

Thank you for your interest in volunteering for Camp Bluebird. Please fill out the following form and mail to:

NMMC Cancer Center
Attn: Camp Bluebird
990 S. Madison St., Suite 1
Tupelo, MS 38801

Or e-mail your information to Cheri.Nipp@nmhs.net.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

E-MAIL ADDRESS _____

Camp Bluebird Camper Information Form.

Thank you for your interest in participating in Camp Bluebird. Please fill out the following form and mail to:

NMMC Cancer Center
Attn: Camp Bluebird
990 S. Madison St., Suite 1
Tupelo, MS 38801

Or e-mail your information to Cindy.Edwards@nmhs.net.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

E-MAIL ADDRESS _____