

Camper Application

2011 Christian Camp for the Deaf

Name (Please print clearly)

Street Address

City

State

Zip

Deaf () Hearing () Boy () Girl () Date of Birth: _____

Age: ____ T-shirt size? Circle one (M, L, XL) Your Grade this fall? ____

Name of Parent or Guardian

Home Phone: (____) _____ Work Phone: (____) _____

Family Doctor

Phone

City

State

() Enclosed is a check for \$130.00 to cover entire camper fee on or before June 15, 2011. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily canteens, camp T-shirts and color 8 ½ x11 group photograph.

() Enclosed is a check for \$140.00 to cover entire camper fee on or after June 16, 2011. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily canteens, camp T-shirts and color 8 ½ x11 group photograph.

() Enclosed is a check for a deposit of \$60.00 to confirm your reservation by June 15, 2011. The \$60.00 per person deposit is included in the camp fee with the balance of \$80.00 to be paid on the first day of camp. This registration fee is non-refundable.

Note: These amounts are per person. If you are paying for more than one person, you may include a total of these amounts in a single check and then include an application form for each person.

Please make the check payable to Christian Camp for the Deaf, Inc.

REMINDER!

Please have the camper sign on the other side of this form (one for each camper attending--make extra copy if needed). Please be sure that you have all these forms (camper's application, signed camp regulations, signed waiver and release and medical history) and mail to:

*Frank Rushing, Director
1325 Winthorne Drive
Nashville TN 37217-2412*