

CAMPER APPLICATION

2018 Christian Camp for the Deaf

July 8 – 13, 2018

(This application is for the younger children which do not require diapers during the parent's care and without the parent's care the camper should be from 9 years old to Senior students in high school.)

 Name (Please print clearly) Date applied for

 Street Address

 City State Zip

 Home Phone: () VP () Voice () Cell Phone

 E-Mail Address: Pager Text
 () Deaf () Hard of Hearing () Hearing () Male () Female

Date of Birth: _____ Age: _____ Grade this fall: _____

T-shirt size: Circle one (M, L, XL, XXL, XXXL) Please let us know by **June 9th** on your size so you may have the correct size.

We have an on-site health center with two registered nursing staff on call 24 hours a day.

 In case of Emergency, call Phone () VP () Voice

 Family Doctor's Name Phone City State

() Enclosed is a check for **\$150.00** to cover entire camper fee on or before **June 9, 2018**. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens, camp t-shirt and color 8.5"x11" group photograph.

() Enclosed is a check for **\$160.00** to cover entire camper fee on **June 10, 2018** or after and at the opening day of the camp. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens, camp t-shirt and color 8.5"x11" group photograph.

() Enclosed is a check for a deposit of **\$60.00** to confirm my reservation by **June 9, 2018**. The **\$60.00** per person deposit is included in the camp fee with the balance **\$90.00** to be paid on the first day of camp. This registration fee is non-refundable. Signed by _____

IMPORTANT NOTICE: This camp has a limited numbers of attendees and the paid registered campers will be in the line of "first come, first service" basis. To insure proper registrations, please be sure to fill out entire forms of Camper Application, Medical History, Waiver and Release, Camp Regulations and **SUBMIT WITH DEPOSIT TO BE IN EFFECT!**

Attention Parents/Guardians: If you have 2 or more children, please check with Frank for lower rates!

Please make your check payable to Christian Camp for the Deaf.

Mail to: Frank Rushing, Director
 1325 Winthorne Drive
 Nashville TN 37217-2412

E-mail: frankrushing1@comcast.net
 VP: 615 823 7959