Easterseals TN Camp - Adult Residents 2024

CAMPER NAME: BIRTHDAY: AGE AT CAMP: * Minimum 17 y/o + at camp GENDER: ADDRESS:
CITY:
STATE: ZIP:
HOME/CELL PHONE:
EMAIL:
COUNTY: ETHNICITY:
Custodial Parent/Guardian/Conservator:
Relation to camper:
Home/Work/Cell Phone:
Email:
Address:
City & State:
Zip:
Emergency Contact:
Relation to camper:
Home/Work/Cell Phone:
Email:
Address:
City & State:
Zip:

Drop Off Time: 3PM-5PM Pick Up Time:	9AM-11	AM			
March 15-17 = \$475 October 18	-20 = \$4	75	Dece	mber 8-10	= \$475
Does your camper require 1 to 1 Supervis	sion?	Yes	I	No	
There is an additional charge of \$150 for	camp if y	our cam	per r	equires 1:1.	
*There are limited 1:1 spots per session.					
Week-long Camp					
Drop Off Time: 3PM-5PM Pick Up Time:	9AM-11A	M			
September 23-27 = \$950 Additional w			becom	ne available soo	n.
Does your camper require 1 to 1 Supervi	sion?	Yes		No	
				anuiras 1.1	
There is an additional charge of \$300 for	camp if y	our cam	perr	equires I:I.	
•	camp if y	our cam	perr	equires 1:1.	
There is an additional charge of \$300 for * <i>There are limited 1:1 spots per session.</i>	camp if y	our cam	perr	equires 1:1.	
*There are limited 1:1 spots per session.			perr	equires 1.1.	
*There are limited 1:1 spots per session. ho will be transporting your camper to/from	n camp?			·	
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	n <i>camp?</i> _ Name:_				
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*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	n <i>camp?</i> _ Name:_ _ Number				
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	n <i>camp?</i> _ Name:_ _ Numbei	r: Yes	No		
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	n <i>camp?</i> _ Name:_ _ Numbei	r: Yes	No		
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	n <i>camp?</i> _ Name:_ _ Number	r: Yes Branch:	No		_
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	a camp? _ Name:_ _ Number 	r: Yes Branch:	No		_
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	ARC	r: Yes Branch: TB /ment?	No		_
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	ARC	r: Yes Branch: TB /ment?	No		_
*There are limited 1:1 spots per session. ho will be transporting your camper to/from Name:	ARC	r: Yes Branch: TB /ment?	No		_

• Payment is due in full 2 weeks prior to session start I wish to apply for financial aid: Yes No