

Easterseals TN Camp - Adult Residents 2025

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: _____

Weekend Camp

Drop Off Time: 3PM-5PM Pick Up Time: 9AM-11AM

March 14-16 = \$725 December 8-10 = \$725

Does your camper require 1 to 1 Supervision? Yes No

There is an additional charge of **\$150** for camp if your camper requires 1:1.

**There are limited 1:1 spots per session.*

Week-long Camp

Drop Off Time: 3PM-5PM Pick Up Time: 9AM-11AM

September 23-27 = \$725 Additional week-long camps may become available soon.

Does your camper require 1 to 1 Supervision? Yes No

There is an additional charge of **\$300** for camp if your camper requires 1:1.

**There are limited 1:1 spots per session.*

Who will be transporting your camper to/from camp?

Name: _____ Name: _____
Number: _____ Number: _____

Do you have a family member in the military? Yes No

If yes, relationship to camper: _____ Branch: _____

How would you like to pay?

Online Credit card Check ARC TBI TN Respite Coalition

Other (please specify): _____

What is the full name of the person making this payment?

Name: _____
Phone : _____
Email : _____

- To pay online, please do so at www.easterseals.com/tennessee/paycampfee.

- Payment is due in full 2 weeks prior to session start

I wish to apply for financial aid: Yes No