

Please circle camp(s) attending:  Carson July 13-17  Linden July 20-24  
\$295.00 per week\*

TENNESSEE BAPTIST ADULT HOMES, INC.

SPECIAL FRIENDS CAMP  
PO Box 728  
Brentwood, TN 37024-0728

**\*IMPORTANT:** The fee for Special Friends Camp is set at \$295.00 for the week. It is important that you understand that the true cost of camp is much closer to \$635.00 for the week. We are able to make camp this affordable thanks to the generous allocation of funds provided by **the Golden Offering for Tennessee Missions (GOTM)**. Please support the GOTM in your local church!!

**APPLICATION TO ATTEND SPECIAL FRIENDS CAMP \***

Has this camper attended Special Friends Camp before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the last year attended? \_\_\_\_\_

Camper Name \_\_\_\_\_ Name camper goes by \_\_\_\_\_  
(to go on nametag at camp)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ t-shirt size \_\_\_\_\_

**Conservator/Responsible Party**

Name and address of person to receive correspondence regarding camp  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Please use this space to provide any information that will be helpful in caring for this camper (behaviors, habits, likes, dislikes, etc.). The more information we have, the better equipped we will be to care for this camper.  
*Use additional sheets if necessary.*

**Has this camper ever displayed violent behavior toward self or others?** No \_\_\_\_\_ Yes \_\_\_\_\_  
*If yes, please provide information on separate sheet concerning specific behavior, frequency, and how behavior is managed*

**THIS SECTION MUST BE SIGNED OR REGISTRATION CANNOT BE COMPLETED!!**

I UNDERSTAND THAT PHOTOS WILL BE TAKEN DURING CAMP WEEK FOR THE PURPOSE OF PROMOTING THE CAMPS AND THE GOLDEN OFFERING FOR TENNESSEE MISIONS. I FURTHER UNDERSTAND THAT SOME OF THESE PHOTOS MAY INCLUDE THIS CAMPER AND THAT THESE PHOTOS MAY BE SELECTED FOR PROMOTION.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

*Please return this Application and accompanying Camper Health Form, along with \$295.00 per week registration fee, to the above address.*

**\*Note: The Camper Health Form must be submitted before registration can be completed**