



GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT

Program Application Form for School Year 2008/2009

We're excited about the upcoming year and look forward to working with you to provide a great experience for your students. We have limited space and will do our best to accommodate your needs. **Failure to fill in all information on both pages may delay processing.**

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: (____) _____ School Fax: (____) _____

Contact Person: _____ School email address: _____

Do you wish to receive our free e-newsletter at school? Yes ___ No ___

Please check (✓) which type of program you would like:

| ✓ | Program Length | Staffing | Student Fee | | Extra Adult Fee ** |
|---|----------------|----------------------------|-------------|-----------|--------------------|
| | 5 day program | 50% teachers - 50% Tremont | \$208.00 | \$200.00* | \$283.00 |
| | 3 day program | 50% teachers - 50% Tremont | \$150.00 | \$142.00* | \$224.00 |
| | 5 day program | 100% Tremont *** | \$252.00 | \$244.00* | \$325.00 |
| | 3 day program | 100% Tremont *** | \$208.00 | \$200.00* | \$282.00 |
| | 3 day program | High School Groups | \$208.00 | \$200.00* | \$282.00 |

Prices good through March 2009

* Discounted rate, when teacher attends a qualifying program

** For every 8 students brought to Tremont, 1 adult can come at the student rate. Extra adults pay the extra adult fee.

*** As space permits, limited to groups of less than 72 and **at low demand times.**

*** Groups with 12 students must pay for 100% teaching

Grade Level of Participants _____

Number of Participants: (Please give best estimate possible at this time as the scheduling arrangements are based upon this number.) **Boys** _____ **Girls** _____ **Men** _____ **Women** _____ **Total** _____

Groups with 12 students must pay for 100% teaching. We reserve the right to cancel groups who fall below 12 students and retain the deposit.

- Fill in your preferred dates, choosing dates not already blackened out on the calendar page.
- Groups of fewer than 60 are encouraged to choose dates marked with horizontal lines.
- For 3-day trips, choose Monday-Wednesday, Wednesday-Friday or Friday-Sunday.
- Those schools scheduling during December, January or February will have first choice of available dates next year.

First choice: _____

Fourth choice: _____

Second choice: _____

Fifth choice: _____

Third choice: _____

Sixth choice: _____

- In an effort to allow as many students as possible to attend Tremont, it is sometimes helpful to share space (sections) in the dorm with another school, especially during peak months.
Would you be willing to do this? yes ___ no ___ (Schools who are willing to share space have a better chance to get choice dates.)
- **Would your group be interested in tent camping instead of staying in the dorm (for groups of 35 or less, in spring and fall)? yes ___ no ___**

School Name: _____

Contact Person's Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Home email: _____

Do you wish to receive our free e-newsletter at home? Yes ___ No ___

Do you plan to send teachers to a Pre-Tremont Workshop? Yes ___ No ___

Objectives for bringing a group to Tremont: (Please describe what you hope to accomplish with your students when you come to the Smokies.) _____

- A Reservation Confirmation Agreement (RCA) will be sent to you after establishment of your chosen date. You have 30 days to read the RCA, sign it, have your principal sign it, and return it with a 10% deposit.
- Groups should submit a more accurate count 90 days prior to reserved dates. If they do not, groups will be responsible for a minimum payment of 90% of the number of participants indicated on their Reservation Confirmation Agreement (RCA). **We reserve the right to cancel groups who fall below 12 students and retain the deposit.**
- Please read the Terms of Agreement and Cancellation Policy carefully when you receive your Reservation Confirmation Agreement (RCA).

We have reviewed and agree to the above information.

Person making

Reservations: _____

Signature

_____ Date

Principal's

Authorization: _____

Signature

_____ Date

Mail or fax these two pages to:

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT
 9275 Tremont Rd.
 Townsend, TN 37882
 Phone: 865-448-6709
 Fax: 865-448-9250
 www.gsmit.org
 mail@gsmit.org