



Registration Form for
Smoky Mountain Family Camp
July 9-14, 2018

You may print this page and mail it in with your check for the full amount.

Adult's Name _____ Male ___ Female ___

Additional Adult's Name _____ Male ___ Female ___

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Is this home [] or cell []

E-mail _____ [] Sign me up for Tremont's bi-weekly e-newsletter.

How did you hear about this program? _____

Child's Name _____

Age ___ Male ___ Female ___ Date of Birth ___ / ___ / ___

Child's Name _____

Age ___ Male ___ Female ___ Date of Birth ___ / ___ / ___

Child's Name _____

Age ___ Male ___ Female ___ Date of Birth ___ / ___ / ___

Program Fee \$ _____ Full payment is required to register.

I would like to help Tremont with my tax-deductible contribution: \$ _____

Program Fee + Donation = Total Amount enclosed: \$ _____ Check # _____

Cancellations received up to two weeks prior to the program start date will be refunded in full, minus a \$50 per person processing fee.

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