



Registration Form for Firefly Camp

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

Camp Dates (check one). Camps run from 11 am on the first day to noon on the last day.

July 3-4 July 3-5 July 3-6 July 4-5 July 4-6 July 5-6

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 ___ / ___ / ___

Program fee is \$50 per person per night

For example, 2 people for July 3-5 would be \$200

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 \$25 per person processing fee.

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