



Registration Form for Summer Camps

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

Camp Title _____ Camp Dates _____

Camper's Information:

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ OR same as parent's

Male ___ Female ___ Date of birth ___ / ___ / ___ Age of camper when camp starts _____

Parent/Guardian's Information:

Name _____

Address _____ City _____ State _____ Zip _____

Home/cell phone (_____) _____ Work phone (_____) _____

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

How did you hear about this program? _____

Full payment is required to register. Register before February 23, 2018 and take advantage of the Early Bird Savings! Take \$50 off your registration price.

Camp Fee: \$ _____

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

Financial Aid Fund: \$ _____ Endowment Fund: \$ _____ Annual Fund: \$ _____

Camp Fee + Contribution = **Total Amount enclosed:** \$ _____ Check # _____

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

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