

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT

Program Application Form for School Year 2024/2025

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 <u>all</u> information on both pages may delay processing.

School Name:	Grade Level of Participants
School Address:	
City:	State:Zip:
School Phone: ()	School Fax: ()
Contact Person:	School email address:

Please check ($\sqrt{}$) which type of program you would like:

\checkmark	Program Length	Staffing	Stude	ent Fee	Extra Adult Fee
	5 day program	Cooperative (shared) teaching	\$422.00	\$414.00*	\$583.00**
	3 day program	Cooperative (shared) teaching	\$281.00	\$273.00*	\$440.00**
	5 day program	100% Tremont teaching ***	\$546.00	\$538.00*	\$726.00**
	3 day program	100% Tremont teaching ***	\$432.00	\$424.00*	\$578.00**

* Discounted rate, when teacher attends Teacher Escape Weekend

** 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.

Number of Participants: (Give best estimate)

Boy	/S	Girls	Men	Women	Total
	•				10001

- **Groups with only 12 students** or less must pay for 100% teaching and be willing to stay in our tent cabins. We reserve the right to cancel groups who fall below 12 total people, including adults, and retain the deposit.
- Small groups of 24 or less MUST be willing to share a floor of the dorm or stay in our tent cabins. Which will you do? _____ share a floor of the dorm

_ stay in tents (in spring and fall).

- For 3-day trips, choose Monday-Wednesday, Wednesday-Friday or Friday-Sunday.
- Fill in your preferred dates, choosing dates not already blackened out on the calendar page.

First choice:	Fourth choice:
Second choice:	Fifth choice:
Third choice:	Sixth choice:
Is your school: private, public, Title	1, religious affiliated, other
~ continued of	n the next page ~ 1/23

School Name:	
Contact Person's Home Address:	
City:	Zip
Cell Phone: () He	ome email:
	cape Weekend? Yes No (Please describe what you hope to accomplish with es.)
 Groups should submit a more accurate not, groups will be responsible for a reparticipants indicated on their contract below 12 people, including adults, and 	your contract with a 10% non-refundable deposit. e count 90 days prior to reserved dates. If they do ninimum payment of 90% of the number of ct. We reserve the right to cancel groups who fall d retain the deposit. and Cancellation Policy carefully when you receive
We have reviewed and agree to the above i	nformation.
Person making Reservations:	Data
Signature	Date

Principal's Authorization:_

Signature

Principal's printed name

Principal's Email

Date

Mail, scan/email, or fax these two pages to:

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT 9275 Tremont Rd., Townsend, TN 37882-4227 Phone: 865-448-6709 Fax: 865-448-9250 mail@gsmit.org www.gsmit.org