

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT

Program Application Form for School Year 2025/2026

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:			
School Phone: (_) School Fa	x: ()	
Contact Person:	School ema	il address:		
	ype of program you would like:			
✓ Program Length	1	Stude	ent Fee	Extra Adult Fee
5 day program	Cooperative (shared) teaching	\$444.00	\$436.00*	\$613.00**
3 day program	Cooperative (shared) teaching	· · · · · · · · · · · · · · · · · · ·	\$288.00*	\$462.00**
5 day program	100% Tremont teaching ***	\$574.00	\$566.00*	\$762.30**
3 day program	100% Tremont teaching ***		\$445.60*	\$607.00**
Number of Participar	limited to groups of less than 72 and the street ints: (Give best estimate) Men Women			
 in our tent cabins. Including adults, and Small groups of 2 tent cabins. Which Groups of fewer to allow as many standard floors/sections in the who are willing to section who are willing to section who are willing to section for 3-day trips, choose the control of the	## Table 12 Students or less must pay for the reserve the right to cancel grad retain the deposit. ## Table 12 Start ## Table 13 Start ## Table 14 Start ## Table 14 Start ## Table 15 Start ## Table 16 Start ## Table 16 Start ## Table 17 St	oups who fare a floor of the dorm in spring a se dates me mont, it is secially duri to get cho	of the dorm of the dorm of fall). arked in yell sometimes h ng peak mo ice dates.) or Friday-S	total people, or stay in our ow. In an effort nelpful to share nths. (Schools
First choice:	Fourth cl	noice:		
Second choice:	Fifth cho	Fifth choice:		
Third choice:		Sixth choice:		
	rate, public, Title 1,			

School Name:			
Contact Person's Home Address:			
City:	State:	Zip	
Cell Phone: ()	Home email:		
Do you plan to send teachers to Te Objectives for bringing a group to your students when you come to the	Tremont: (Please describe wha	at you hope to accomplish with	
 Your School Group agreement v You have 30 days to sign and re Groups should submit a more a not, groups will be responsible participants indicated on their a below 12 people, including adul Please read the Terms of Agree School Group agreement. 	eturn your agreement with a 1 accurate count 90 days prior to for a minimum payment of 90 agreement. We reserve the rights, and retain the deposit. ment and Cancellation Policy of	reserved dates. If they do % of the number of ht to cancel groups who fall	
Person making			
Reservations: Signature	e	Date	
Principal's Authorization:			
Signatur	е	Date	
Principal's printed nar	ne Princip	Principal's Email	

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