

ADULT APPLICATION

2020 Christian Camp for the Deaf

July 5 – 10th 2020

(This application is for an adult who does not participate as a camp staff and need to fill out this form. This application will be securely kept in the confidential file.)

Name (Please print clearly) Date applied for

Street Address

City State Zip

Home Phone: () VP () Voice () Cell Phone

E-Mail Address: Pager Text

() Deaf () Hard of Hearing () Hearing () Male () Female

Date of Birth: _____ Age: _____ Spouse's Name _____

We have an on-site health center with two registered nursing staff on call 24 hours a day.

In case of Emergency, call Phone () VP () Voice

Family Doctor's Name: Phone City State

() Enclosed is a check for **\$160.00** to cover entire camper fee on or before **June 14, 2019**. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens.

() Enclosed is a check for **\$170.00** to cover entire camper fee on **June 15, 2019** or after and at the opening day of the camp. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens.

() Enclosed is a check for a deposit of **\$60.00** to confirm my reservation by **June 14, 2019**. The **\$60.00** per person deposit is included in the camp fee with the balance **\$100.00** to be paid on the first day of camp. This registration fee is non-refundable.

Signed by _____

IMPORTANT NOTICE: This camp has a limited numbers of attendees and the paid registered adult will be in the line of "first come, first service" basis. To insure proper registrations, please be sure to fill out and sign all the entire forms of Adult Application, Waiver and Release, Camp Regulations and **SUBMIT WITH DEPOSIT TO BE IN EFFECT!**

Please make your check or money order payable to Christian Camp for the Deaf.

Mail to: Jesse Neal, Co-Director
Legacy Church of Christ
8801 Mid Cities Blvd
North Richland Hills, TX 76182

E-Mail: mydeafcamp@gmail.com

VP: 941-462-4269