

Easterseals TN Camp - Adult Residents 2026

CAMPER NAME: _____
BIRTHDAY: _____
AGE AT CAMP: _____ * Minimum 17 y/o + at camp
GENDER: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
HOME/CELL PHONE: _____
EMAIL: _____
COUNTY: _____ ETHNICITY: _____

Custodial Parent/Guardian/Conservator:

Relation to camper: _____
Home/Work/Cell Phone: _____
Email: _____
Address: _____
City & State: _____
Zip: _____

Emergency Contact:

Relation to camper: _____
Home/Work/Cell Phone: _____
Email: _____
Address: _____
City & State: _____
Zip: _____

Weekend Camp Drop-Off Time: Friday 3PM-5PM Pick-Up Time: Sunday 9AM-11AM

March 27-29, 2026

To Be Announced

The cost for weekend camp is TBD.

To Be Announced

To Be Announced

Week-long Camp Drop-Off Time: Monday 3PM-5PM Pick Up Time: Friday 9AM-11AM

August 24-28, 2026

To Be Announced

The cost for week-long camp is TBD.

To Be Announced

Additional week-long camps may become available.

Who will be transporting your camper to/from camp?

Name: _____

Name: _____

Number: _____

Number: _____

Do you have a family member in the military?

Yes No

If yes, relationship to camper: _____

Branch: _____

How would you like to pay?

Online Credit card Check ARC TBI TN Respite Coalition

Other (please specify): _____

What is the full name of the person making this payment?

Name: _____

Phone: _____

Email: _____

- To pay online, please do so at [\(to be announced\)](#).
- Payment is due in full 2 weeks prior to session start.

I wish to apply for financial aid: Yes No