

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