

TENNESSEE BAPTIST ADULT HOMES, INC.  
SPECIAL FRIENDS CAMP  
P O Box 728  
Brentwood, TN 37024-0728

Circle Camp(s) attending	→	Carson	Linden
Registration fee: 240.00 per week		July 12 – 16	July 19 - 23

**APPLICATION TO ATTEND SPECIAL FRIENDS CAMP \***

Has this camper attended Special Friends Camp before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the last year attended? \_\_\_\_\_  
If no, additional forms will be sent to you.

Camper Name \_\_\_\_\_ Name camper goes by \_\_\_\_\_  
(to go on nametag at camp)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ t-shirt size \_\_\_\_\_

Name and address of person to receive correspondence regarding camp \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to camper \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Please use this space to provide any information that will be helpful in caring for this camper (behaviors, habits, likes, dislikes, etc.). The more information we have, the better equipped we will be to care for this camper.  
*Use additional sheets if necessary.*

**Has this camper ever displayed violent behavior toward self or others?** No \_\_\_\_\_ Yes \_\_\_\_\_

**THIS SECTION MUST BE SIGNED OR REGISTRATION CANNOT BE COMPLETED!!**

I UNDERSTAND THAT PHOTOS WILL BE TAKEN DURING CAMP WEEK FOR THE PURPOSE OF PROMOTING THE CAMPS. I FURTHER UNDERSTAND THAT SOME OF THESE PHOTOS MAY INCLUDE THIS CAMPER AND THAT THESE PHOTOS MAY BE SELECTED FOR PROMOTION.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

*Please return this Application and accompanying Camper Health Form, along with \$240.00 per week registration fee, to the above address.*

**\*Note: This form must be accompanied by a Camper Health Form**