

# CAMPER APPLICATION

*Christian Camp for the Deaf*

**July 6 – 11<sup>th</sup> 2026**

*(This application is for the 17 years old and under children which do not require diapers during the parent's care and without the parent's care the camper should be from 9 years old to Senior students in high school.)*

\_\_\_\_\_  
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: \_\_\_\_\_ Grade this fall: \_\_\_\_\_

*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

*( ) Parents or guardianship has completed filled out the forms and pay \$150.00 to cover entire camper fee on or before **July 6, 2026**. Adults must fill out Adult Camper form and pay balance of \$150. Children are **FREE** with paying adult or guardianship. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens.*

Signed by \_\_\_\_\_

**IMPORTANT NOTICE:** This camp has a limited numbers of attendees and the paid registered campers will be in the line of "first come, first service" basis. To insure proper registrations, please be sure to fill out entire forms of Camper Application, Medical History, Waiver and Release, Camp Regulations and **SUBMIT WITH DEPOSIT TO BE IN EFFECT! Additional documents will need to be signed at the camp.**

**Please make your payment online or a check payable to Flying Hands Ministry**

Mail to: Jesse Neal, Co-Director  
985 Runyan Dr,  
Chattanooga, TN 37405

Website: [www.flyinghandsministry.com](http://www.flyinghandsministry.com)

E-Mail: [mydeafcamp@gmail.com](mailto:mydeafcamp@gmail.com)

VP: 941-289-2381