

ADULT APPLICATION

Christian Camp for the Deaf

July 6 – 11th 2026

(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 **\$150.00** to cover entire camper fee on or before **July 6, 2026**. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens. Payable via cash, check, debit card, credit card, and/or paypal.*

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!** **Additional documents will need to be signed at the camp.**

Please make your payment online or a check payable to Flying Hands Ministry with a note "camp"

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

E-Mail: mydeafcamp@gmail.com

VP: 941-289-2381

Website: www.flyinghandsministry.com