

# Camp Tesahe

## Camper Application

### Camper Information

Last Name

First Name

M.I.

Birth Date

Grade (Fall of 2024)

Age

Gender

Parent Email Address

Home Address

Home Phone Number

Cell Phone Number

### Additional Information

Please list anything we should know about your child (food allergies, special diet, special medical conditions, other personal information, etc.). Use reverse side if needed.

List up to two other campers you would most enjoy having in your dorm. Please remember that we may not be able to meet your request.

***All of the information on this application is true to the best of my knowledge. Parent Signature*** \_\_\_\_\_

I give permission for my child's picture to be used by Camp Tesahe for marketing purposes.

- Yes  
 No

For Office Use Only

- Deposit \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Dorm \_\_\_\_\_  
 Date \_\_\_\_\_