

SHELTERING TREE RANCH
DAY CAMP APPLICATION

<i>Date</i>		<i>Time</i>	
<i>Location</i>	Sheltering Tree Ranch		
<i>Cost</i>			
<i>Transportation</i>	No Transportation Provided		

Please return this application by: 1 week prior to camp
To Sheltering Tree Ranch 130 Mind Way (3100 Highway 226) Savannah TN, 38372

Participant Information

Name _____

Gender Male Female Age _____

If any disabilities please list: _____

If you child has any allergies or special medical needs please list them below:

Emergency Contact Information

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Please contact with any questions

Office:731-925-2922

Email: bobbie@boroughs@shelteringtree.org