



The 30th year of Fellowship in a Caring Community

Camp Koinonia 2007 Camper Application

Please return completed application to:

Camp Koinonia
Department of Exercise, Sport and Leisure Studies
1914 Andy Holt Ave
Knoxville, TN 37996-2700

Camper's Name _____ Birth date ___/___/___

Age _____ Sex _____ Weight _____ Height _____

Primary Disabling Condition(s):

T-shirt size: (circle one) **ADULT**- SMALL MED LARGE XL XXL XXXL
CHILD- SMALL MED LARGE

School Attended: _____ Teacher: _____

Parent or Guardian Name _____

Street Address _____
City _____ State _____ Zip Code _____

Phone Numbers _____ home _____ work

Email: _____ Fax : _____

In case of emergency, if the parent cannot be reached, please contact:

_____ At () _____

Relationship _____

In case of emergency, I understand every effort will be made to contact me. However, in the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure appropriate treatment.

Signature of Parent/Guardian _____ Date _____