



Camp Koinonia 2007 Registration Form

Please mail this form to:

Camp Koinonia
Department of Exercise, Sport and Leisure Studies
1914 Andy Holt Avenue
Knoxville, TN 37996 – 2710
(865) 974 – 4363 (office)

I am interested in sending my child to Camp Koinonia in 2007. I am currently completing the application and medical evaluation. I am returning this form to reserve a space for my child. I understand that this form does **NOT** guarantee a space for my child. The staff of Camp Koinonia evaluates each camper and reserves the right to deny entry to any camper, if severe medical or behavioral problems are present. **PLEASE PRINT.**

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

Age: _____ Sex: _____ Weight: _____ Height: _____

T-shirt Size: Circle **ADULT** - SMALL MED LARGE XL XXL XXXL
CHILD - SMALL MED LARGE

School Camper attends: _____ Teacher _____

Has your child attended Camp Koinonia before? [] Yes [] No

Primary Disabling Condition(s) _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (h) _____ (w)

Email: _____ Fax: _____

Parent/Guardian Signature: _____ Date: _____