

Camper Application

Camp Hidden Hollow, Inc.

Do not write in this box

388 Hidden Hollow Lane Chickamauga, GA 30707 (706)539-1130 or (706)539-2372 www.camphiddenhollow.com Director: Sally Thomas Worland Camp Hidden Hollow began in 1976

	400			
"Where a	kid can	be a kid	a little i	longer'

Today's Date			
Requested camp Session Dates:	From To		
Camper's Full Name		-	
Preferred Name	Birth Date Age _	Gender Rising Grade Level	
Home Address	City, State	Zip Code	
School	Church Affiliation	Home Phone ()	
Father's Name	Place of Employment and Phone	Father's Cell phone	
Mother's Name	Place of Employment and Phone	Mother's Cell phone	
Siblings- Names and Ages			
Number of years at Camp Hidde	n Hollow Other Camps attended	Number of years	
List any special interests or hobb	ies that the camper has		
Please list any other information	about your camper that might be helpful to the Ca	mp Director	
]	Please list two contacts, other than parents, to c	ontact in case of emergency:	
Name	Relationship	Phone Number	
Name	Relationship	Phone Number	
Family Physician	Medical Information Address	Phone	
		details	
is camper in good physical condi-	if the unswer is no prouse share the		
Are Immunizations up to date?	List any Allergies of the camper		
-	administered at camp? If yes, please give in		
Boes the camper need medicine	in yes, pieuse give in		
I valaasa Camp Hiddan Hallaw l	In a of any liability in the event of an assidant on il	Uness and give normicsion for emergency medical	
	Inc. of any liability in the event of an accident or il ny child. I do not object to my child's photo being	g used in promotion. (If object to photo cross out last li	
Father		Mother	

Please fill out a separate application for each camper. Please mail this application(s) with a \$75 (per camper/per session) deposit, which will be applied to the total fee. The Deposit is not refundable. If you prefer, you may send the total fee with the Application.