



# Fall Creek Christian Campground

119 Psalm Way, Spencer TN 38585



423-881-5400

Mailing Address:  
P O Box 717  
Pikeville TN 37367

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## Application for All Camps

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
HOME MOBILE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parents: \_\_\_\_\_

Church: \_\_\_\_\_ Christian? \_\_\_\_\_

Are there any health problems that require special attention? \_\_\_\_\_ If so, please explain on back.  
 I, the parent or guardian, do give permission for my child to be treated for any injury or illness that may occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EVENT	AGES	APPL. FEE	CAMP FEE	TOTAL FEES	TOTAL
Spring Retreat	7-17	\$ 5.00	\$ 12.00	\$ 17.00	
Christian Youth Camp	7-17	\$ 5.00	\$ 70.00	\$ 75.00	
Backbacking Camp	12-19	\$ 5.00		\$ 5.00	
				Total >	\$ _____

Have you attended camp here before?  Yes  No

<i>For FCCC use only</i>	
Fees received:	Cash \$ _____
Date: ____ / ____ / ____	Check \$ _____ Ck # _____
(s) _____	Oasis \$ _____