

Special Needs Application Form
Tall Timber Ranch
www.talltimber.org

Camper's name _____ Age _____ Camp Session _____
Parent/Guardian's names _____
Relationship to camper _____
Home phone _____ Work phone _____ Cell Phone _____
Street Address _____ City _____ Zip _____
Email Address _____
Nature of child's need _____

Special instructions _____

Recommended 1-on-1 counselor's name* _____
Relationship to camper _____
Age/grade _____
Street Address _____ City _____ Zip _____
Email Address _____

(note: Please have helper complete a regular Counselor Information Form, and send it to camp)

I authorize the following person to serve as emergency contact in the event I cannot be reached, including approving medical treatment, or picking my child up early from camp if needed.
Name _____ Relationship _____
Street Address _____ City _____ Zip _____
Email Address _____
Parent / Guardian Signature _____

**As with all volunteer and paid counselors, we reserve the right to make a final choice on who will be working with children at Tall Timber Ranch. All are subject to reference and background checks. Thankyou.*

Contact Program Director Christie Saugen: christie@talltimber.org Phone: (509) 763-3127
Fax : (509) 763-1227