



Independent Living Camp Application

Cost: \$50.00

Name: _____

Address: _____

City: _____ Zip Code: _____ Date of Birth: _____

Daytime Phone Number: _____ Email address: _____

Circle One: Deaf Hard of Hearing Hearing

In case of emergency:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Special Requirements: Please list any special medical, physical or dietary needs, medications currently taking or food allergies.

Mail this form to: TSHA, Inc.
8740 E. 11th Street, Suite A
Tulsa, Oklahoma 74112