Dive into Leadership
Mont Milner Rainbow Camp
September 11th-13th, 2026

Participant's Full Name: _____

Participant's Assembly Name & No._____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____

Parent or Legal Guardian: _____

Parent's Phone/ Contact Number: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship: _____

APPLICATION FEE $25.00 **DEADLINE- FRI. SEP. 5th, 2026**

****ALL GRAND APPOINTMENTS ARE EXPECTED TO ATTEND**

Circle one: Grand Officer Grand Representative

Grand Page Grand Choir (New Member)

A 2026 MontMilner Rainbow HEALTH FORM must be completed, notarized, and sent with your application.

Please return Application & Fee to:
Mrs. Rachel Whitaker, Supreme Deputy
104 Baird Farms Blvd Mt. Juliet, TN 37122

Make all checks payable to: Mont Milner Camp or Cash is accepted