



Please check one box for this application; one child per application form, please.

Kieve West

- Session I
 Session II

OFFICE USE ONLY

O _____ N _____ PC _____
 Session: 1st or 2nd
 Kieve-Wavus Yrs: _____
 Ck.# _____ By: _____
 V: ___ MC: ___ Ref #: _____
 Date Rec. _____
 Accepted _____ Ltr. Sent: _____
 W/L Date: _____
 W/L Ltr. Sent: _____
 Returned check: _____
 W/D Date: _____
 W/D Reason: _____



Please Note: For Online submission, you must open this PDF in **Adobe Reader v8** or higher;
do not use another viewing app like Apple Preview or the PDF plugin in your browser.
 If you have issues submitting the app online, fill it out in Reader, print it and fax to (207) 563-5215.

Camper Name: First Middle Last Suffix

Date of Birth: mm/dd/yyyy **Age on July 1** **Nickname**

Child's Contact info (optional): E-mail address Cell phone ()

Present School (full name): **Current Grade:**

Height: (approx., in feet and inches) **Weight:** (approx., in pounds)

Preferred Cabin Mate(s):

Home Address: (Enter non-USA address details in the closest-matching fields; for phone or mobile #s, ignore the (area code) and enter your entire number in the main phone field.)

Street Mailing

City

State Zip Code Country

Home Phone () Home Fax ()

Alternate Summer Address:

Street Mailing

City

State Zip Code Country

Summer Phone () Cell () E-mail

At which address should we contact you? Home Summer Dates there

FATHER: Prefix First Middle Last Suffix

Business Address: Organization Title

Street Mailing

City State Zip Code Country

Business Phone () Fax ()

Cell Phone () E-mail Nickname

MOTHER: Prefix First Middle Last Suffix

Business Address: Organization Title

Street Mailing

City State Zip Code Country

Business Phone () Fax () Maiden Name

Cell Phone () E-mail Nickname

PARENTS: Divorced/Separated Single Parent Widow/Widower

Any **insightful information** you can give us about your son/daughter will help us get to know him/her prior to their arrival. Feel free to include any special requests and we will do our best to accommodate them.

(Please attach separate sheet or email us a letter if necessary.)

Name of any brothers and sisters:	Birth dates:		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> brother	<input type="checkbox"/> sister
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> brother	<input type="checkbox"/> sister
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> brother	<input type="checkbox"/> sister

Other family members who have attended Kieve-Wavus Programs:

Name	Relationship to camper	Which Program	Approx. Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If child does not live with both parents, please provide the following information, where different from the earlier "home address":

Mother's Address:

Father's Address

Home Phone:

Home Phone:

Cell:

Cell:

Personal Email:

Personal email:

How did you hear about this Kieve-Wavus Program for which you are now applying?

Please submit brief answers to the following questions:

Why would you like to be an outdoor educator (and/or a Kieve Wavus counselor)? What do you think are your strengths and weaknesses as a leader?

Why do you want to participate in Kieve West? *(Please attach separate sheet or email us a letter if necessary.)*

I accept the terms and conditions in the brochure and on this application form.

Signature of Parent or Guardian:

If you are submitting this PDF electronically, please type your full name in the Signature field; this serves as your binding digital signature.

I will send my application **online** via this PDF and pay the deposit **electronically** via credit card.

Please charge the \$750 deposit to my: MasterCard Visa Account #: - - -

Exp. Date: Name as it appears on card:

CVV #: (this is the 3 or 4 digit security code on the back of the card)

This PDF form is sent securely via SSL to our protected database, to ensure the safety of your information.

I will send my application **online** via this PDF and will **mail** a personal check for the \$750 deposit.

SEND

Remember, your application will **not** be processed until the deposit check arrives.

I will mail a **printed application** and will enclose a personal check for the \$750 deposit.

Be sure to **print** this PDF form with all of your typed-in information; **please try to avoid handwriting!**

PRINT



You can **save** this PDF with all of your typed-in information if you are using Acrobat Reader v8 or higher. We recommend that you **print** a copy of this completed PDF form for yourself. To **SEND** this form correctly, make sure that you are using Acrobat Reader, not a 3rd-party program like "Apple Preview" or a browser plug-in. You should see a receipt appear after you press **SEND**.