



Kieve-Wavus Alumni and Family Adventure Camp 8/15-8/19, 2011

Your Full Name _____ Email address _____

Permanent Mailing Address _____

Phone (____) _____ -- _____ Alternate phone (____) _____ -- _____

Summer Address:

The permanent address will be used for all correspondence, unless other wise notified.

Names and ages of all participants that I would like to enroll

- | | |
|--------------------|--------------------|
| 1. _____ Age _____ | 2. _____ Age _____ |
| 3. _____ Age _____ | 4. _____ Age _____ |
| 5. _____ Age _____ | 6. _____ Age _____ |

Tuition

If you are staying for the full week (4 nights, 5 days), the price is \$425 for each adult and \$250 for each child age 5 - 15 (children under 5 are free). Otherwise, the cost is \$110 per adult per night and \$65 per child per night. Please indicate if you wish to stay for the full week, and if not, how many nights you can spend with us! If you are not staying the entire week, please indicate your desired dates. Arrival is anytime Monday afternoon after lunch and departure is Friday afternoon after lunch.

Full Week Attendance	<u>Please return this application to:</u>
_____ (# of Participants over age 15) X \$425 = _____	<u>Kieve-Wavus</u>
_____ (# of Participants ages 5 - 15) X \$250 = _____	<i>Attention: Russ Williams</i>
Total = _____	<i>PO Box 169, Nobleboro, ME 04555</i>
By Night Attendance - Dates: _____	
_____ (# of Participants over age 15) X _____ (# of nights) X \$110 = _____	
_____ (# of Participants ages 5- 15) X _____ (# of nights) X \$65 = _____	
Total = _____	
Please indicate if you have any special needs or a cabin request. We will try to accommodate everyone as best we can. _____	

I hereby attest that my family is capable and understands the risks involved in any camping experience, and I am willing to take responsibility for them for the entirety of our stay at Kieve and/or Wavus. I also understand that \$400 deposit payment is due with this application and it is non-refundable. Balance is due by May 1st.

Signature: _____ Date: _____

Please charge the deposit to my: MasterCard Visa

Account Number _____ Expiration date _____ 3 Digit Sec. Code _____