



Camp Kieve / PO Box 169  
 Nobleboro, Maine 04555  
 207-563-5172 / fax 207-563-5215  
 www.kieve.org

<i>OFFICE USE ONLY</i>		
O	N	PC
Session 1 <sup>st</sup> or 2 <sup>nd</sup>		
Kieve Yrs. _____		
Ck.#	By _____	
V	MC	Ref# _____
Date Rec. _____		
Accepted	Ltr. Sent _____	
W/L	Date _____	
W/L	Ltr. Sent _____	
W/L	Accp. Ltr. Sent _____	
W/L	N/L Ltr. Sent _____	
No Charge	Returned check _____	
W/D	Date _____	
W/D	Reason _____	
SBT		

## 2007 Application

Please fill out this application form with care and mail with a \$750 deposit check payable to Kieve. If you prefer to charge the deposit to Visa or MasterCard, please provide your credit card information on page 2.

### PLEASE PRINT ALL INFORMATION

#### I wish to enroll

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Present School \_\_\_\_\_ Town \_\_\_\_\_ Present Grade \_\_\_\_\_

#### Home address

Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Country \_\_\_\_\_  
 Home Fax ( ) \_\_\_\_\_ Camper's e-mail address (not parents') \_\_\_\_\_

Please circle session desired    Session 1 (6/26-7/20)    Session II (7/24-8/17)

**Father's** full name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Business Address: Organization \_\_\_\_\_ Title \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Bus. phone ( ) \_\_\_\_\_ Bus. fax ( ) \_\_\_\_\_  
 Cell phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

**Mother's** full name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Business Address: Organization \_\_\_\_\_ Title \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Bus. phone ( ) \_\_\_\_\_ Bus. fax ( ) \_\_\_\_\_  
 Cell phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

#### Summer address, if different:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ Summer e-mail \_\_\_\_\_

#### Preferred address for correspondence while child is on the trip

Home \_\_\_\_\_ Summer \_\_\_\_\_  
 Dates: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Signature of Parent or Guardian \_\_\_\_\_

(If Child does not live with both parents, please provide both parents' addresses and phone numbers in the space provided on the back of the application.)

