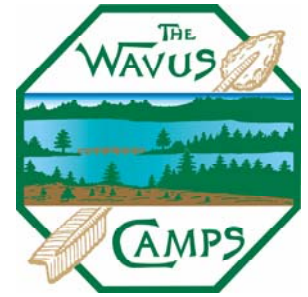




Kieve-Wavus Women's Adventure Application



Please return this application and deposit to:
Kieve-Wavus
Attn: Jean
PO Box 169, Nobleboro, ME 04555

Full Name _____ Nickname _____ DOB _____

Street _____ City _____ State _____ Zip _____

Home Phone () _____ Home Fax () _____

Cellular Phone () _____ E-mail _____

I heard about this program through: _____

Tuition for either trip: \$600

- I wish to enroll in the Women's Allagash River Trip, **September 8 - 12, 2010**
- I wish to enroll in the Women's Ocean Kayaking Adventure, **September 15 - 19, 2010**

Business Name and Address:

Organization _____ Position _____

Street _____ City _____ State _____ Zip _____

Business Phone () _____ Business Fax () _____

Cellular Phone () _____ E-mail _____

Significant Other:

Full Name _____ Nickname _____ DOB _____

Street _____ City _____ State _____ Zip _____

Home Phone () _____ Home Fax () _____

Cellular Phone () _____ E-mail _____

Business Organization _____ Position _____

Street _____ City _____ State _____ Zip _____

Business Phone () _____ Business Fax () _____

Cellular Phone _____ E-mail _____

Continued.....

Other family members who have attended Kieve-Wavus Programs:

Name	Program	Approx. Dates
_____	_____	_____
_____	_____	_____

Please write a brief statement about what you hope to experience from this trip.

Please indicate any special needs that we should be aware of (ex. food and/or other allergies, eating preferences, etc..) _____

In case of emergency, please contact:

1st contact Full Name _____ Phone _____

2nd contact Full Name _____ Phone _____

In case of emergency, participants will be taken to the emergency room, and the person listed as the emergency contact will be telephoned immediately.

Family Physician:

Name _____ Phone _____

Medical insurance plan and number _____

Please note a \$300 deposit is due with this form. Please send a check payable to Kieve-Wavus or complete the credit card information below.

I hereby attest that I and/or my family is capable and understand the risks involved in any camping experience, and am willing to take responsibility for myself and/or my family for the entirety of my stay with Kieve and/or Wavus. I also understand that a **\$300 deposit** is due with this application in order to hold my spot on the Women's Adventure trip, and I will not have a spot until the deposit is received. This deposit is non-refundable, and will be applied toward my total fee when accepted onto the trip. The final balance is due **August 11, 2010** and there will be absolutely no refunds after this date. If I do cancel after **August 11th**, I will be responsible for the entire camp fee, barring any special circumstances.

Signature: _____ **Date:** _____

Please charge the deposit to my: MasterCard Visa 3 Digit Sec. Code _____

Account Number _____ Expiration date _____

For more information please visit www.kieve.org or email Suse at suse@wavus.org or call 207-563-5172