



# 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:

\_\_\_\_\_

I wish to enroll in the WOMEN'S Ocean Kayaking ADVENTURE, **September 10-14, 2008**

**Tuition: \$600**

### 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 \_\_\_\_\_

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**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.

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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:**

1<sup>st</sup>. contact Full Name \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> 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, 2008** 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 \_\_\_\_\_