



# CAMP KANUGA

Post Office Box 250 | Hendersonville, NC 28793  
Phone: 828-692-9136 | Fax: 828-696-3589  
campkanuga@kanuga.org | www.campkanuga.org

## 2011 REGISTRATION FORM

- ▷ PLEASE PRINT LEGIBLY. This form must be filled out in its entirety before it can be processed. **All fields are required.**
- ▷ Camp Kanuga will be accepting **veteran camper registrations exclusively until Oct. 15, 2010.** New campers are advised to register as early as possible after that date.
- ▷ Return this form to Camp Kanuga with a nonrefundable, nontransferable \$200 deposit per camper per session.
- ▷ A confirmation letter with additional information will be sent upon receipt of the completed registration form. **Applicants for Kanuga Trailblazers must complete an interview process to be accepted to the program.**

### CAMP KANUGA

Ages 8-15 (Age 7 for Sessions 1 and 5 only)

- |                                    |            |        |
|------------------------------------|------------|--------|
| <input type="checkbox"/> Session 1 | June 5-14  | \$895  |
| <input type="checkbox"/> Session 2 | June 16-29 | \$1295 |
| <input type="checkbox"/> Session 3 | July 1-14  | \$1295 |
| <input type="checkbox"/> Session 4 | July 17-30 | \$1295 |
| <input type="checkbox"/> Session 5 | Aug. 1-10  | \$895  |

**If attending two sessions**, check here if your child will stay at camp between sessions. There is a \$100 fee per child per stayover. **Space is limited to the first 12 campers who register for stayovers.** *No stayovers are allowed between sessions 3 and 4.*

Please indicate your second session preference \_\_\_\_\_

### KANUGA TRAILBLAZERS

Ages 15-16

- |  |            |        |
|--|------------|--------|
| <input type="checkbox"/> Session A       | June 16-29 | \$1420 |
| <input type="checkbox"/> Session B       | July 1-14  | \$1420 |
| <input type="checkbox"/> Session C       | July 17-30 | \$1420 |
| <input type="checkbox"/> Pack & Paddle A | June 16-29 | \$1700 |
| <input type="checkbox"/> Pack & Paddle B | July 1-14  | \$1700 |

**Upon receipt of completed registration form, all applicants must complete written and phone interviews to be accepted to the program.**

### CAMPER INFORMATION

Camper Name \_\_\_\_\_ Gender: M  F

Preferred Name \_\_\_\_\_ Camper's Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed June 2011 \_\_\_\_\_ Church \_\_\_\_\_

Previous years at Camp Kanuga \_\_\_\_\_ T-shirt size: Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

### PARENT/FAMILY INFORMATION *(Please list an email you check regularly. This will be used for important camp reminders.)*

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parents are: Married  Separated  Divorced  Camper lives with \_\_\_\_\_

**ATTENTION PARENTS: Please circle the daytime (9-5, M-F) phone number you prefer to be reached at for camp-related issues.**

## SPECIAL INFORMATION

Please indicate any special situations that might affect your child's experience at Camp Kanuga, billing or sharing of camper information (e.g. divorce or separation, new locations, school, death or illness in family) \_\_\_\_\_

## CABIN PLACEMENT

Camp Kanuga reserves the right to place each camper in the cabin we feel is best. While careful consideration is given to each cabinmate request, the final decision rests with the director. **Campers may request no more than two people. Cabinmate requests must be made in writing and must be mutual (both campers request each other) to be considered.** This option does not apply to Kanuga Trailblazers.

Cabinmate request \_\_\_\_\_

## HOW DID YOU HEAR OF CAMP KANUGA?

- My church    At Kanuga    campkanuga.org or kanuga.org    Kanuga catalog/brochure  
 Facebook    Twitter    Home visit \_\_\_\_\_    A friend \_\_\_\_\_  
 Other \_\_\_\_\_

## PAYMENT INFORMATION

▷ **A nonrefundable \$200 deposit per camper per session must be submitted at the time of registration;** the deposit is deducted from the total fee.

▷ **If paying with a credit card, the card holder must call Kanuga to authorize further payments.**

▷ To make payments with a credit card, you may contact Camp Kanuga anytime at least two months prior to the beginning of your child's session.

▷ To register less than two months before the session begins, please pay the full amount.

▷ Make checks payable to Kanuga Conferences Inc.

▷ When sending payments, please include the camper's name and session number.

▷ For details on financial aid, sibling discounts and cancellations/refunds, visit [www.campkanuga.org](http://www.campkanuga.org).

▷ **Final payment and camper health forms are due two months prior to the beginning of your child's camp session.**

Amount Enclosed:  \$200    Other \_\_\_\_\_

Method:  Check    VISA    MasterCard    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Security Code (last 3 digits on back of card) \_\_\_\_\_

**REQUIRED**

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

## PAYER CONTACT INFORMATION *(if different from parent)*

***This information is REQUIRED and will be used to send important camp reminders.***

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

## PARENT AUTHORIZATION

I hereby make application for enrollment of my child in Camp Kanuga. I give permission for photographs, video footage and audio recordings of my child to be used by the camp for promotional purposes. I agree to support the camp directors in regard to my child's cabin assignment. I understand that there is a certain degree of risk and possibly injury inherent in camp, and I give permission for my child to participate in the camp's activities. I hereby give permission to the physician selected by the camp director to provide medical care for my child in the event of an emergency.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_