

Kabeyun 2011

OFFICE USE ONLY

dep _____ ta _____ ack _____ db _____

Camper's Full Legal Name: _____
first middle last

Preferred Name: _____ Date of Birth: _____ Grade as of 9/2011: _____

Please check one

- | | | | |
|--------------------------|---|--|-------------------|
| <input type="checkbox"/> | The Summer | Saturday, June 25th – Sunday, August 21st | \$7,700.00 |
| <input type="checkbox"/> | Half Summer I | Saturday, June 25th – Saturday, July 23rd | \$4,150.00 |
| <input type="checkbox"/> | Half Summer II | Sunday, July 24th – Sunday, August 21st | \$4,150.00 |
| <input type="checkbox"/> | Extended Stay | Saturday, June 25th – Saturday, August 13th | \$7,100.00 |
| <input type="checkbox"/> | Counseling Internship
<i>* for 16-year-old boys; application deadline December 1st</i> | Friday, June 24th – Saturday, August 13th | \$5,200.00 |
| <input type="checkbox"/> | Introductory
<i>* for first-time campers, 7 – 9 years old</i> | Sunday, July 24th – Saturday, August 13th | \$3,650.00 |

Camper lives with Both Parents Mother Father Other _____

1. Mother's Name _____ e-mail address _____

Mother's Address _____
street

_____ *city* _____ *state* _____ *zip*

Mother's Phone _____ Cell _____ Office _____

2. Father's Name _____ e-mail address _____

Father's Address _____
street

_____ *city* _____ *state* _____ *zip*

Father's Phone _____ Cell _____ Office _____

We'll assume that address #1 should be used for all mailings. If not, please tell us which address to use for pre-camp information (*health form, packing list, etc*): _____ tuition/billing statements: _____

Please list family members who attended Kabeyun. Otherwise, how did you hear about Kabeyun? _____

please turn over!

TUITION DETAILS: Tuition is all-inclusive. The only additional costs are for transportation to and from camp, and items purchased at the camp store. A 5% discount is allowed for brothers.

TUITION ASSISTANCE: Application should be made by the beginning of March in anticipation of the April 1st application deadline. Tuition assistance applications are available on the website, www.kabeyun.org.

THE AGREEMENT *Signing below indicates an understanding of, and agreement to the following:*

Early Departure/Late Arrival: We understand that there are no reductions for early departure, late arrival, or dismissal. If a boy must leave early for health related reasons, Kabeyun will share the burden by refunding half the remaining prorated tuition. Kabeyun reserves the right to dismiss, without refund, any boy whose behavior presents a negative influence on the camp community.

Payment: We agree to pay the full tuition balance by June 1st. A \$500.00 deposit accompanies this form. The deposit is only refundable for cancellations received before April 15th.

Photo release: We agree to allow Kabeyun to use photographs or images of our child for inclusion in promotional materials.

Health: We understand that Kabeyun requires all camp participants to have a current health examination signed by a licensed physician or nurse practitioner, and a record of current immunizations that includes the following:

- *Tetanus within five (5) years of the start of camp, and*
- *Hepatitis B for any child born on or after January 1, 1993*

The actual exam must have been conducted within two years of the start of camp. The health history form must be updated annually.

Signed _____ Date _____

Please return to: Kabeyun • PO Box 325 • Alton Bay NH 03810

PAYMENT INFORMATION
\$500.00 due with this enrollment form

- Check enclosed – payable to **Porter Foundation**
- Please charge my credit card for the \$500.00 deposit
- Please charge my credit card for the full tuition of \$ _____

Visa/MasterCard number _____

Expiration Date _____ Card Security Code _____

Name as it appears on card _____

Billing Address _____

Signature _____