

ADVENTURES IN COMMUNITY 2008 COMPANION CAMPER REGISTRATION

Name _____

Address _____

E-mail address _____

Home phone (_____) _____ Office phone (_____) _____

Age _____ Gender M _____ F _____

Previous experience (Please include any previous experiences you may have had in Adventures in Community or other outdoor camps)

Special Talents (i.e. canoeing, hiking, crafts, sign language, singing, playing an instrument, dancing, nature lore, leading worship) _____

I would be available for the following camp(s). (Circle preference)

May 27 – 30, 2008

June 3 – 6, 2008

Both

Cost: \$80.00 (Please make checks payable to **Kamp Kaleo**)

I want to be considered for financial aid: _____

Please list amount, not to exceed ½ of registration fee.

Complete and mail to:

Kamp Kaleo
46872 Willow Springs Rd.
Burwell, NE 68823

Rules for acceptance and participation in the program are the same for everyone without regard to race, religious creed, color, national origin, handicap, age or sex. Any person who believes he or she has been discriminated against in this program should write to:

Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302