



# CAMP KOOCH-I-CHING 2009 APPLICATION

You may FAX application to (513) 772-5673  
or mail to:

3515 Michigan Ave., Cincinnati, OH 45208  
pam@campingedu.org / (513) 772-7479 / www.koochiching.org

**Please see page 2 for trip selections and early sign up incentives**

<i>For Office Use Only</i>	
RWID: _____	
DR: _____	
DEP: _____	
DISC: _____	
SAG: _____	
SAA: _____	

**PLEASE PRINT CLEARLY**

PLEASE ENROLL(FULL NAME) \_\_\_\_\_ FOR THE 2009 SEASON

NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ 08-09 SCHOOL YEAR GRADE \_\_\_\_\_

SCHOOL ATTENDING 2008-09 \_\_\_\_\_ CAMP ATTENDED 2008 \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ APPLICANT'S EMAIL \_\_\_\_\_

Does the applicant regularly see a doctor, other than for physicals?  Yes  No    ASTHMA?  Yes  No

APPLICANT RESIDES WITH:  BOTH PARENTS  MOTHER  FATHER  OTHER \_\_\_\_\_

PARENT/GRDN MAILING NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ MOTHER CELL \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ FATHER CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS EMAIL \_\_\_\_\_ BUSINESS EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

### 8-Week Session: June 13 - August 9

UNIT	COMPLETING GRADE	TUITION
<input type="checkbox"/> PREP (7 weeks)	3-4-5	\$5900
<input type="checkbox"/> JUNIOR	6-7	\$6950
<input type="checkbox"/> INTERMEDIATE	8-9	\$6950
<input type="checkbox"/> SENIOR	10-11	\$6950*

\*Trip fee not included

### 4-Week Sessions\* (check a box):

		<i>**Our son may elect to stay for the 2nd 4-week session</i>		Yes	No
<input type="checkbox"/> PREP *	3 week Session: June 21 - July 11**			\$2900	
<input type="checkbox"/> PREP	4 weeks/2nd Session: July 13 - August 9			\$4200	
<input type="checkbox"/> JUNIOR	1 <sup>st</sup> Session: June 13 - July 11**			\$4200	
<input type="checkbox"/>	2 <sup>nd</sup> Session: July 13 - August 9				
<input type="checkbox"/> INTERMEDIATE	1 <sup>st</sup> Session: June 13 - July 11**			\$4200	
<input type="checkbox"/>	2 <sup>nd</sup> Session: July 13 - August 9				
<input type="checkbox"/> SENIOR	1st Session Only: June 13 - July 11**			\$4200	

### MasterCard, Visa, Discover and American Express Payment

#### Tuition Payment Schedule

January 1, 2009	\$1000
March 15, 2009	\$1000
May 15, 2009	balance

Tuition payments may be applied to your credit card when they are billed.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-digit Security Code \_\_\_\_\_ (this is the last 3 digits of a number on the back of your MasterCard or Visa in the signature area. I authorize Camp Kooch-i-ching to charge my credit card account in the amount of \$ \_\_\_\_\_.

Name (print as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

Please include \$800 deposit check or credit card information with this application. Early enrollments may be cancelled prior to March 15, 2009 with full refund, except for the \$800 deposit. Between March 15 and May 15, 50% of the tuition due will be retained. After May 15, 2009 all tuition paid will be retained. No reduction on tuition is made for late arrival, early departure, in the event of dismissal or withdrawal due to homesickness, misconduct, or any other cause, other than illness or injury requiring attention of a physician at home.

APPLICANT'S SIGNATURE \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_

## TRIPS SELECTION FORM

<p style="text-align: center;"><b>PREP CAMP</b></p> <p style="text-align: center;">Canoe Only</p>	<p style="text-align: center;"><b>JUNIOR CAMP</b></p> <p style="text-align: center;"><i>4 Week</i></p> <p style="text-align: center;">Canoe _____ or Backpack _____</p> <p style="text-align: center;"><i>8 Week</i></p> <p style="text-align: center;">2 Canoe _____ or 1 Canoe + 1 Backpack _____</p>
<p style="text-align: center;"><b>INTERMEDIATE CAMP</b></p> <p style="text-align: center;"><i>4 Week</i></p> <p style="text-align: center;">Canoe _____ Backpack _____ Climbing* _____</p> <p style="text-align: center;"><i>8 Week</i></p> <p style="text-align: center;">2 Canoe _____ or 1 Canoe + 1 Backpack _____ or 1 Canoe + 1 Kayak** _____ or 1 Kayak + 1 Backpack** _____</p>	<p style="text-align: center;"><b>SENIOR CAMP</b></p> <p style="text-align: center;"><b>4 Week offering - 1<sup>st</sup> session only</b></p> <p style="text-align: center;"><i>8 Week</i></p> <p style="text-align: center;">2 Canoe _____ (14 day 1st session trip + “Big Trip”)</p> <p style="text-align: center;"><b>Please circle one choice below for 1<sup>st</sup> session</b></p> <p style="text-align: center;"><b>4 Week camper</b></p> <p style="text-align: center;">1 Canoe + 1 Climbing*** _____ (14 day 1st session trip + new extended climbing trip)</p> <p style="text-align: center;">1 Climbing + 1 Canoe _____ (14 day 1st session trip + “Big Trip”)</p>

\* Climbing trip is subject to availability.

\*\* Kayak Trip will take place during the second four weeks and is subject to availability

\*\*\* An extended climbing trip will be offered during the second four weeks. Camper must be approved by the Climbing Department. Also subject to availability.

Note: Those trips subject to availability will be determined by first come first serve basis.

### Camper Information for All

My son has no medical condition (e.g. Asthma) that could result in problems at altitude with regard to Backpacking Trips (required signature for all campers involved in climbing or backpacking)

Name \_\_\_\_\_ Signature \_\_\_\_\_

How many Kooch-i-ching canoe trips has your son been on? \_\_\_\_\_

How many Kooch-i-ching backpacking/climbing trips has your son been on? \_\_\_\_\_