



CAMP KOOCH-I-CHING MEN'S TRIP APPLICATION

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

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

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

PLEASE ENROLL(FULL NAME)_____ FOR THE MEN'S TRIP

KOOCH AFFILIATION_____

DATE OF BIRTH_____ HEIGHT_____ WEIGHT_____ EYE COLOR_____ HAIR COLOR_____

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

ADDRESS_____

CITY/STATE/ZIP_____ HOME PHONE_____

EMPLOYER_____ TITLE_____

BUSINESS EMAIL_____ BUSINESS PHONE_____

CELL PHONE_____ EMAIL_____

In 2009 PASSPORT is required for Immigration into Canada

Men's Trip: July 19 - 25

Tuition: \$900
On the water 4 nights, 5 days

MasterCard, Visa, Discover and American Express Payment

***Full tuition payment due
by July 15, 2009***

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 \$500 deposit check or credit card information with this application. Between May 31 and June 30, 50% of the tuition due will be retained. After June 30, 2008 all tuition paid will be retained. No reduction on tuition will be made other than illness or injury requiring attention of a physician at home.

APPLICANT'S SIGNATURE