



**KINGSLEY
PINES**

THE WAY CAMP SHOULD BE

FAMILY CAMP APPLICATION 2019

(Please print or type)

Adult's Name: _____

Cell Phone: _____

Email: _____

Employer: _____

Position: _____

Adult's Name: _____

Cell Phone: _____

Email: _____

Employer: _____

Position: _____

Adult's Name: _____

Cell Phone: _____

Email: _____

Employer: _____

Position: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2019: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2019: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2019: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2019: _____

Address: _____

Home Phone: _____

Fax: _____

How did you hear about Family Camp: _____

Fees

Adults (two or more in same cabin)	\$1,200.00 per adult
Adults (one per cabin)	\$1,670.00
Each additional Adult (in the same cabin with two other adults)	\$980.00
Children 4-17	\$650.00 per child
Children 3 & under	Free
Cabins with bathrooms	\$550.00 per cabin

Please indicate when you want to attend (check only one):

_____ Week 1 (Sunday, August 11 - Saturday, August 17)

_____ Week 2 (Saturday, August 17 - Friday, August 23)

Do you want a cabin with a private bathroom –limited number available (check one):

_____ Yes, we want a cabin with an attached private bathroom. To confirm that a cabin with a private attached bathroom is still available, please contact our office.

_____ We would prefer a cabin with an attached private bathroom; but if none are available, a cabin with a detached bathroom is acceptable

_____ No, we do not want a cabin with a private bathroom

Deposit and Payment Schedule: To reserve a space at Family Camp, simply return this application form with a \$500.00 deposit. Depending on your registration date, one-half of the balance is due by February 28, 2019 and the remaining balance is due by April 30, 2019. If registration occurs, after April 30, balance is due 30 days prior to attending Family Camp.

Please complete the following:

Name on card: _____

Card number: _____

Expiration date: _____

Please select one payment method:

Charge my credit card now for the full payment due.

Charge my credit card for the deposit and remaining installments.

Agreement:

I certify that my family is capable of such an experience. I also understand that no refunds are possible after April 1, 2019 and all money paid shall constitute agreed and liquidated damages for cancellations, dismissal, or early withdrawal. Cancellations received after December 31, 2018 and before April 1, 2019 will be charged a \$200 cancellation fee. Any dispute arising between the parties shall be settled by binding arbitration in Maine, and under Maine law. Permission is granted for my family and I to participate in all camp activities and programs, including out-of-camp trips. I also authorize Kingsley Pines Camp to have and use photographs, slides, moving pictures or television video tapes of the people named in this application as may be needed for its records or public relations.

Signature of Adult Participant (Required)

Date

Signature of Adult Participant (Required)

Date

Signature of Adult Participant (Required)

Date

Please mail, scan or fax this form to:

**Kingsley Pines Camp
51 Coughlan Cove Road
Raymond, ME 04071**

Fax 207-517-6220

**www.kingsleypines.com
855-799-7788 (Toll free)
207-894-9030
info@kingsleypines.com**