



KAWAGA

"As God Gave Us the Fire, So Gave He Us the Warmth of Friendship"

APPLICATION FOR 2012 ALUMNI FANTASY CAMP WEEKEND

ALUMNI

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ *Circle T-shirt Size: Adult S M L XL XXL*

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

YEARS AT CAMP AS CAMPER? _____ AS COUNSELOR? _____

SACHEM NAME _____

ATTENDING GOLF OUTING MORNING OF JUNE 8th? Yes _____ NO _____
(additional \$60 for Golf Outing)

Cabinmate and/or Cabin Requests

We will assign you with at least two other Alumni to a cabin, but will consider your special requests for cabinmates.

EMERGENCY INFORMATION

Emergency Contact Name _____ Relationship _____

Home phone _____ Cell phone _____

DATES: June 8th – June 10th 2012 ARRIVAL: June 8th between 2 and 5 p.m.
Golfers MUST arrive the evening of June 7th

FEES: \$225 per Alum – covers all meals, lodging, gear & activities (add \$60 for golf)
\$50 additional fee if Payment not received with Application by May 1, 2012.

APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT AND SIGNED WAIVER
Please make checks payable to Camp Kawaga, Inc. and mail completed application and full payment to:
Camp Kawaga 1415 Larchmont Drive, Buffalo Grove, IL 60089

If paying by Credit Card you must use CC # _____
VISA, Mastercard or AMEX (Circle One) Expiration Date _____

WAIVER

I understand that neither Camp Kawaga, Inc., the Directors, the owners, nor anyone connected with or employed by Camp will assume any responsibility for activities, accidents, medical, dental, or other expenses incurred as the result of accidents sustained during, or as a result of, any course of instruction given the applicants by the camp staff. It is understood and agreed that the Alumni shall receive all medical attention and care possible from the Camp Doctor and Nurse without charge. However, in such cases where, through no fault of the Camp, outside medical service or hospitalization shall in the judgment of the Camp management, become necessary, the expense of such service shall be borne by the individual Alumni.

I have read and agree to the terms outlined above.

Signature _____ Date _____