



# KAWAGA

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

## APPLICATION FOR 2012 FATHER & SON WEEKEND

### FATHER

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 \_\_\_\_\_

Cabinmate Requests

*We will assign you with at least one other family to a cabin (generally by boy's age), but will consider your requests for cabin mates.*

### SON #1

### SON #2

### SON #3

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Age \_\_\_\_\_ Present Grade \_\_\_\_\_

*Circle T-shirt Sizes:*

YM YL Adult: S M L XL

YM YL Adult: S M L XL

YM YL Adult: S M L XL

### EMERGENCY INFORMATION

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**DATES:** June 15<sup>th</sup> – June 18<sup>th</sup> 2012

**ARRIVAL:** Please arrive no earlier than 5 p.m. on Friday. Dinner will be served at 7 p.m.  
You are also welcome to arrive on Saturday.

*Please let us know your arrival plans:* Friday evening  Saturday morning

**FEES:** \$375 for Father + \$75 per Son

***APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT***

*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

### WAIVER

I understand that neither Camp Kawaga, Inc., the Directors, nor anyone connected with the Camp will assume any responsibility for 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 camper(s) and father 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 or parent of the camper.

I have read and agree to the terms outlined above.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_