

ADVENTURES IN COMMUNITY 2010 COMPANION CAMPER REGISTRATION

Name _____

Address/City/State/Zip _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Age _____ Gender M/F _____

Previous experience (please include any previous experiences you may have had in Adventures In Community or other outdoor camps): _____

Special Talents (i.e. canoeing, hiking, crafts, sign language, singing, playing an instrument, dancing, nature lore, leading worship): _____

I would be available for the following camp(s) . . . circle your preference:

May 25-28, 2010

June 1-4, 2010

Both

Cost: \$80.00 (Please make checks payable to Kamp Kaleo)

I want to be considered for financial aid (Yes/No _____)

(Please list amount, not to exceed ½ of registration fee: _____)

Complete and mail to: **Kamp Kaleo**
46872 Willow Springs Rd.
Burwell, NE 68823

Rules for acceptance and participation in the program are the same for everyone without regard to race, religious creed, color, national origin, handicap, age or sex. Any person who believes he or she has been discriminated against in the program should write to:

Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302