



(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 2021: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2021: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2021: _____

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade in fall 2021: _____

Address: _____

Home Phone: _____

Fax: _____

How did you hear about Family Camp: _____

| Fees | |
|---|----------------------|
| Adults (two or more in same cabin) | \$1,285.00 per adult |
| Adults (one per cabin) | \$1,795.00 |
| Each additional Adult (in the same cabin with two other adults) | \$1,055.00 |
| Children 4-17 | \$700.00 per child |
| Children 3 & under | Free |
| Cabins with bathrooms | \$595.00 per cabin |

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

_____ Week 1 (Sunday, August 15 - Saturday, August 21)

_____ Week 2 (Saturday, August 21 - Friday, August 27)

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

Payment Schedule:

Balance is due at time of registration.

Please complete the following:

Name on card: _____

Card number: _____

Expiration date: _____ CVV Code: _____

Please select one payment method:

Charge my credit card now for the full payment due.

Agreement:

I certify that my family is capable of such an experience. I also understand that no refunds are possible after April 1, 2021 and all money paid shall constitute agreed and liquidated damages for cancellations, dismissal, or early withdrawal. 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