

Office Use Only _____

Date Received _____

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ST. JOHN FISHER PARISH

APPLICATION FOR KICKED-UP BIBLE CAMP

Name: _____

Date of Birth _____

Grade You Will Enter in Fall, 2008: 8 9 10 11 12 (circle one)

Address: _____

Home Phone: _____ Cell Phone _____

E-mail address: _____

Parent's names: _____

Parent's address: _____

Parent's e-mail address: _____

Parent's cell phones: _____

Parent's work phones: _____

I hereby apply to participate in KUBS 2008.

Date

Participant

I hereby consent to my child's participation in KUBS 2008 which will include residing overnight at St. Walburg Monastery in Covington, Ky and participation in the mission experience of the Visions ministry in Cincinnati, Ohio. If my child is accepted to KUBS 2008, I agree to sign all medical, transportation or other releases required by the Archdiocese of Cincinnati and/or St. John Fisher Parish in order to transport my child or treat my child medically in case of an emergency in which I cannot be contacted. I understand that the estimated cost for this experience will be \$175.00 and that the parish may contribute to part of this cost. I also understand that, if I cannot afford this cost, I should contact Aimee Baer about additional support.

Date

Parent of Participant

PLEASE RETURN TO AIMEE BAER BY 3/4/08 WITH A \$25.00 DEPOSIT.