

Summer 2008 Application



Applicant Information

Full Name: _____ DOB: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Is this a college/university address? YES NO

Permanent Home Address (if different from above):

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Parents' and/or Guardians' Names (if under the age of 18): _____

Please indicate below which week(s) and camps you wish to attend.

- Week One (June 15 – 21)
 - Strings Camp
 - Ballet Camp
- Week Four (July 6 – 12)
 - Acting Camp
 - Voice Camp

- Week Two (June 22 – 28)
 - Strings Camp
 - Writing Camp

- Week Three (June 29 – July 5)
 - Acting Camp
 - Film Camp

Please Note: Strings and Acting students are encouraged to apply for both weeks of the Strings or Acting Program. **Also,** it is possible to attend more than one camp. *For instance, Dance Camp the first week, Acting Camp the second, etc.*

Background Information

Church Affiliation: _____

Voice Type (applicable for voice students only): _____

Where did you learn about Kenu? (circle)

| | | |
|------------|--------------|---------------------------|
| Email | Poster | Christianity Today Online |
| Instructor | Youth Leader | Friend |
| | | Google Search |

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Material Check List

I am enclosing:

- My application, filled out and properly signed.
- A tape, CD or DVD containing a sample of my work for the camp I wish to attend.
- A check for \$100 per week per attendee as a donation to cover food and lodging expenses. This is a tax deductible gift to help continue the work of the foundation. This is a voluntary contribution.

Please make all checks or money orders payable to: Kenu Christian Artists Camp.

Please send all application materials to:

Kenu Christian Artists Camp, Attn: Kim Brunner / 11013 Bonnie Lynn Dr / Mequon, WI 53092

Emergency Contact

Name of a relative not residing with you,
(if over the age of 18): _____

Address: _____ Phone: (____) _____

City: _____ State: _____ ZIP Code: _____

Relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

*(If under the age of 18, parent's
signature required)*

Parent's Signature: _____ Date: _____