



Leader In Training 2010 Application Instructions for Applying to LIT

(Do not return this to Medeba -
Keep for your records)

Check off the following items as they are completed:

- Read over the LIT Information Package carefully.
- Be sure you meet all the pre-requisites for the program.
- Be sure you are in agreement with the section called "Expectations of all LIT Participants."
- Complete the application form.
- On a separate piece of paper, please respond to the seven questions asked on the application form.
- Have the three reference forms filled out by the appropriate people and returned to you in a sealed envelope with their signature over the seal. This is to ensure confidentiality.

PLEASE INSTRUCT YOUR REFERENCES NOT TO SEND FORMS DIRECTLY TO MEDEBA.

- Send in
 1. Completed application form
 2. Three references in separate sealed envelopes
 3. Answers to essay style questions
 4. The deposit Date Sent _____

The Application Process

All applications received by December 31, 2009 will be treated with equal consideration. In early January all applicants will be contacted to set up a phone interview. Successful applicants will be notified once all interviews are complete. If the LIT program is not full after this time, applications will be accepted and interviews done on an individual basis until the program is full.

Your application to LIT does not guarantee acceptance. Applicants are carefully chosen basis on the content of their application, the results of their three references, and the results of the interview.

Successful applicants will receive additional information about the details of the program and a medical form that must be completed prior to the program commencing.

Please Note : No fees will be charged until applicants have been accepted.

If you have any questions please contact the Medeba Office
by email (info@medeba.com) or by phone (1-800-461-6523).



Leader In Training 2010 Application Form

Applicant's Name _____ Male Female

Year-round Address _____ Apt. _____

City _____ Postal Code _____

Phone # (_____) _____ Applicant's Email Address _____

Church _____

Birth Date _____ / _____ / _____ Age as of Dec. 31, 2010 _____
Month Day Year

Please indicate size for your complimentary LIT Polar Fleece Jacket (**only for LIT 1**)

Note: Chest sizes are marked in inches:

Men - Extra Small (33-35) Small (36-38) Medium (39-42) Large (43-46) Extra-Large (47-50)
Women - Small (33-35) Medium (36-38) Large (39-41) Extra-Large (42-44)

Have you previously been at Medeba summer camp as a camper. ? Yes No If yes, how many years? _____

How did you first hear about Medeba?

Friend Relative Church School
 Camp Fair Internet Other _____

Father/Male Guardian's Name _____

Phone: Home (_____) _____ Business (_____) _____

Mother/Female Guardian's Name _____

Phone: Home (_____) _____ Business (_____) _____

On a separate piece of paper please respond to the following questions:

- A. What are your reasons for wanting to participate in Medeba's LIT program?
- B. Describe your relationship with God. How are you developing it?
- C. What Church do you presently attend? How have you been involved?
- D. Describe your residential camping experience.
- E. Describe any leadership opportunities or positions you have held.
- F. Describe your outdoor skills training and experience for activities offered at Medeba. See separate brochure for a list of activities Medeba offers.
- G. Describe your physical condition. Do you have any disabilities that would prevent you from full participation in all camp activities?

Affirmation

I affirm that all of the information in this application is true, and agree to live by the standards expressed in the LIT application package.

Applicant's Signature _____ Date _____

Mail to: Medeba Summer Camp:

Box 138, West Guilford, Ontario K0M 2S0
Fax: (705) 754-1530 Toll Free: 1-800-461-6523

Please Turn Over →

Calculating Costs

Program	Date	Cost
<input type="checkbox"/> Leader In Training 1 (ages 15 - 17)	July 4 - 31/2010	\$1,715
<input type="checkbox"/> Leader In Training 2 (ages 16 - 18)	August 1 - 28/2010	\$1,715
<input type="checkbox"/> Leader In Training 1 and 2 (ages 16 - 18)	July 4 - August 28/2010	\$3,230

Calculating Program Fee:

Program Fee: _____ = _____ (A)

Payment Plan Discount: (see below)

LIT 1 or 2 4 weeks x \$30 = \$120 for Plan #1

4 weeks x \$15 = \$60 for Plan #2

LIT 1 and 2 8 weeks x \$30 = \$240 for Plan #1

8 weeks x \$15 = \$120 for Plan #2 _____ - _____ (B)

Total Fee after Discount: (A) - (B) _____ = _____ (C)

Taxes: GST 5% and PST is 3% = 8% of (C) _____ + _____ (D)

Total Fee: (C) + (D) _____ = _____ (E)

Other Fees:

LIT Picture(s): \$8.50 for LIT 1 or 2 (taxes included) _____ x \$8.50 _____ + _____ (F)

LIT CD ROM: \$11 for LIT 1 or 2 (taxes included) _____ x \$11 _____ + _____ (G)

Camp Store Spending: (amount to be deposited into account) _____ + _____ (H)

Grand Total Due: (Total fee plus other costs) (E) + (F) + (G) + (H) _____ = _____ (I)



Deposit: \$400 (\$800 for LIT 1 and 2) - Payable at time of application _____ - _____ (J)

Balance of Fees: (I) — (J) _____ = _____ (K)

Payment Plans:

- (You must choose one)
- Plan #1, Pay (K) by Credit Card or cheque payable by December 31, 2009
 - Plan #2, Pay (K) by Credit Card or cheque payable by February 28, 2010
 - Plan #3, Pay (K) by Credit Card or cheque at time of application if applying after April 1, 2010
 - Plan #4, Pay (K) by Credit Card or cheques payable on a monthly basis:
(K) ÷ _____ months (until July 1st) Amount of monthly payment due 1st of each month

If Paying by Credit Card Bill these Charges to:

 Cardholder's Name _____
 Account # _____ Expiry Date _____
 Signature _____

Parent or Guardian Consent

- My child is in good physical and emotional health and amenable to normal camp authority.
- I, as a parent or guardian, have legal custody of the child applying to Medeba.
- I am responsible for payment of fees and any other expenses incurred by my child.
- Permission is granted for my child to participate in all Medeba activities.
- Permission is granted to provide my child normal medical attention.
- Permission is given for Medeba to use any photograph of my child for their promotional material.
- I, as the parent or guardian, of the herein named camper, release Medeba, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage of the herein named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein named camper. Each camper must be covered by their provincial health plan or equivalent medical insurance.
- By providing your personal information and signing this form, you understand and agree with Medeba's Privacy Policy as outlined at www.medeba.com/privacypolicy/html
 ? I have read and understand the above Parent or Guardian Consent, the conditions of enrollment, and cancellation policies of Medeba.

Signature of Parent or Guardian _____ Date _____