

REGISTRATION FORM

Only one form per family, please. This form may be copied. PLEASE PRINT.

CAMP FOX – YMCA OF GLENDALE

LABOR DAY FAMILY CAMP

SEPTEMBER 3--5, 2011

Family Last Name: _____ Dad: _____ Mom: _____

Address: _____
Street City State Zip

Phone: (day) _____ (evening) _____ (fax) _____

Fees for the entire weekend include all lodging, boat transportation and meals.

| | | |
|--------------|--------------------------|-----------------|
| Fees: | Ages 18 and up | \$235.00 |
| | Ages 3 through 17 | \$225.00 |
| | Ages 0 through 2 | FREE |

- ***FULL PAYMENT** will reserve your spot.
- To keep our records correct, any name changes must be received by the YMCA as they occur.
- **Cancellation Policy:** \$25 PER FAMILY processing fee will be withheld. Notification of cancellation must be received no later than August 15th for you to receive a refund.

Please note: We are unable to process registrations without FULL payment.

Camper's Name (first/last name of EACH CAMPER)

Age/Gender
(if under 20)

Fee Due

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Total Fee Due

Please Note: If you are bringing a minor under the age of 18 and for whom you are not the legal guardian, please contact our office for additional forms.

****Accommodation Requests: Open Air Villa Hillside Enclosed Cabin**

WITH WHOM WOULD YOU LIKE TO SHARE YOUR VILLA/CABIN? PLEASE LIST LAST NAMES.

**** We will make every effort to provide your housing preference. Accommodations will be assigned with priority for physical/health requirements and very young children. Thank you for understanding.**

Payment enclosed or charge my credit card as follows:

Credit Card: Visa Mastercard Discovery Am Express Amount _____ ED _____

Name on Card _____ Card # _____

ADDRESS ON CARD _____ CITY _____ ZIP _____