



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA FAMILY CAMP RESERVATION FORM 2015-16

FAMILY NAME _____ FAMILY EMAIL ADDRESS _____

MAILING ADDRESS _____

HOME PHONE (____) _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____
CELL PHONE (____) _____

ADULT NAMES _____

CHILD NAMES & AGES _____

FAMILY REQUESTS _____

CONFIRMATION PREFERENCE EMAIL ADDRESS MAILING ADDRESS

FEES & CANCELLATION POLICY

- FULL FAMILY ROOM FEES ARE REQUIRED WITH REGISTRATION.
- PAYMENT IS REFUNDABLE UP TO TWO WEEKS PRIOR TO CAMP, LESS A \$50 CANCELLATION FEE.
- CANCELLATIONS OCCURRING 7-14 DAYS PRIOR TO CAMP WILL RECEIVE A 50% REFUND.
- NO REFUND WILL BE ISSUED FOR CANCELLATIONS WITH LESS THAN SEVEN DAYS' NOTICE.

TOTAL # OF PARTICIPANTS AGES 8yrs OLD AND UP _____ X \$110 (\$115 THANKSGIVING ONLY) = \$ _____

TOTAL # OF PARTICIPANTS AGES 4 - 7 YRS OLD _____ X \$70 = \$ _____

GRAND TOTAL \$ _____

FAMILY CAMP SCHEDULE
PLEASE MARK THE DESIRED CAMPS

DATE

OF PARTICIPANTS

- LABOR DAY FAMILY CAMP..... SEPTEMBER 4-6, 2015 _____
- HALLOWEEN FAMILY CAMP.....OCTOBER 23-25, 2015 _____
- THANKSGIVING FAMILY CAMP.....NOVEMBER 25-27, 2015 _____
- MUM'S DAY FAMILY CAMP.....MAY 6-8, 2016 _____
- MEMORIAL DAY FAMILY CAMP.....MAY 27-29, 2016 _____

METHOD OF PAYMENT

CHECK

DEBIT/CREDIT CARD (VISA, MC, DISCOVER, AMEX) NAME ON CARD: _____

ACCOUNT # _____ EXP DATE _____ / _____

SIGNATURE _____

BILLING ZIPCODE _____



OFFICE USE ONLY

SEND COMPLETED FORM TO

YMCA FAMILY CAMPS, PO BOX 2440, JULIAN CA 92036

(P) 760.765.0642 (F) 760.765.0183