



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA FAMILY CAMP RESERVATION FORM 2016-17

FAMILY NAME _____ FAMILY EMAIL ADDRESS _____

MAILING ADDRESS _____

STREET CITY STATE ZIPCODE

HOME PHONE (____) _____ 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 \$113 (\$118 THANKSGIVING ONLY) = \$ _____

TOTAL # OF PARTICIPANTS AGES 4 - 7 YRS OLD _____ X \$73 = \$ _____

GRAND TOTAL \$ _____

FAMILY CAMP SCHEDULE
PLEASE MARK THE DESIRED CAMPS

DATE

OF PARTICIPANTS

- LABOR DAY FAMILY CAMP..... SEPTEMBER 2-4, 2016 _____
- HALLOWEEN FAMILY CAMP.....OCTOBER 28-30, 2016 _____
- THANKSGIVING FAMILY CAMP.....NOVEMBER 23-25, 2016 _____
- MUM'S DAY FAMILY CAMP.....MAY 12-14, 2017 _____
- MEMORIAL DAY FAMILY CAMP.....MAY 26-28, 2017 _____

METHOD OF PAYMENT

- CHECK
- DEBIT/CREDIT CARD (VISA, MC, DISCOVER, AMEX)

ACCOUNT # _____ EXP DATE _____ / _____

NAME ON CARD: _____ BILLING ZIPCODE _____



SEND COMPLETED FORM TO

YMCA Family Camps, PO BOX 2440, Julian CA 92036

(P) 760.765.0642 (F) 760.765.0183

(E) camp@ymca.org (W) www.camp.ymca.org

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