

CONTACT INFORMATION

Family Name:			Cell Phone:		
Contact Person:			Home Phone:		
Mailing Address:			Work Phone:		
City:	State:	Zip:	Email:		
Emergency Contact (EC):		Relation to Family:	EC Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Any dietary considerations/allergies? <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other:			This will be our ____ year at Camp!		

 MEMORIAL DAY
May 25-28, 2012

 LABOR DAY
August 31 - September 3, 2012

 AUTUMN MAGIC
October 12-14, 2012

YMCA membership is **required**. Do you have a YMCA family membership at another YMCA?
 No. Please add a YMCA Camp Jones Gulch Membership (\$75). There must be one per family.
 Yes, Branch:

\$

CABIN CHOICES	Cabin with Attached Bathroom			Cabin with Shared Bath House		
	1 Family	2 Families*	3 Families*	1 Family	2 Families*	3 Families*
Memorial Day	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250 Per Family	<input type="checkbox"/> \$167 Per Family	<input type="checkbox"/> \$400	<input type="checkbox"/> \$200 Per Family	<input type="checkbox"/> \$133 Per Family
Labor Day	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250 Per family	<input type="checkbox"/> \$167 Per Family	<input type="checkbox"/> \$400	<input type="checkbox"/> \$200 Per Family	<input type="checkbox"/> \$133 Per Family
Autumn Magic	<input type="checkbox"/> \$400	<input type="checkbox"/> \$200 Per Family	<input type="checkbox"/> \$133 Per Family	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150 Per Family	<input type="checkbox"/> \$100 Per Family

\$

* List other families sharing your cabin:

* Each family needs to have their own registration form and YMCA Membership!

PARTICIPANTS List information for each family member attending.**Adults (18+) \$110 (Mem/Labor Day), \$65 (Autumn) Youth (5-17) \$50 Children (>5) FREE**

First Name	Last Name	M/F	DOB	Age	Fee

\$

Thanks to people like you, 25% of our campers receive a Campership!

DONATION

\$

Please add up all the above fees. **TOTAL COST**

\$

 Deposit (\$100 per session + Membership & Donation)
 Paid in Full
AMOUNT PAID

-\$

 Deposit must be paid for registration to be processed. Fees must be paid in full one month before the session; if not paid in full by that date, the credit card on file will be charged.
BALANCE DUE

\$

REFUND POLICY All deposits are non-refundable and non-transferable. In cases of homesickness, dismissal or voluntary withdrawal, there is no refund. All changes or cancellations must be submitted in writing. Any cancellation less than 3 weeks prior to the start of the session will result in a refund of 50% of the camp fees less the deposit. Cancellations less than 1 week in advance will result in a refund of 25% of fees, less the deposit. If a camper does not show for the session without notice, there will be no refund. A physician's written excuse is required to be considered for a full refund (less deposit). Requests for refunds with special circumstances must be submitted in writing.

Signature of Parent/Guardian:**PAYMENT METHOD** Enclosed is Check # Bill my credit card.

Name on Card:

 Visa MasterCard AmEx

Card # / / /

Expiration Date: /

Signature: _____