2010 Family Camp Registration

Family Name	Cell Phone #
Contact Person	Home Phone #
Mailing Address	Work Phone #
City, State, Zip	Email
Additional Emergency Contact (EC)	EC Phone #
*Does your family have any dietary considerations/allergies? ☐ Vegetarian ☐ Other	This will be our _____ year at Family Camp.

☐ **Memorial Day Weekend** May 28 - 31, 2010

☐ **Labor Day Weekend** September 3 - 6, 2010

☐ **Autumn Magic** October 15 - 17, 2010

Do you have a current membership with any YMCA? Membership $

If YES, YMCA of SF Branch _____ Non-SF Association _____ Member # _____

If NO, add the YMCA Camp Jones Gulch Family Program Membership ($40) ☐

CABIN CHOICES	Cabin w/ Attached Bathroom			Cabin w/ Shared Bath House*		
	Single Family	Two Families**	Three Families**	Single Family	Two Families**	Three Families**
Memorial Day FC	☐ $500	☐ $250	☐ $167	☐ $400	☐ $200	☐ $133
Labor Day FC	☐ $500	☐ $250	☐ $167	☐ $400	☐ $200	☐ $133
Autumn Magic FC	☐ $400	☐ $200	☐ $133	☐ $300	☐ $150	☐ $100

$

*All Shared Bath Houses are modern restroom facilities with private showers used by campers from several cabins.
**If sharing a cabin with another family, each family needs to have their own registration form and YMCA membership!

_____

***List last names of families sharing the cabin below:*

List the names, genders, birthdates and ages for each person attending Family Camp on this registration. Camper Fees $

Adults (18 & over): $100 MDFC & LDFC / $50 AMFC Youth (Ages 5-17): $40 Children (Under 5): FREE

First Name	Last Name	Gender	Date of Birth	Age	Fee

*If needed, attach a seaparate sheet with additional campers.

Because of our donors, 27% of our campers will receive some financial assistance. Additional Campership Donation $

TOTAL COST $

☐ Minimum Deposit ($100 per family + above donation = $_____) ☐ Payment In Full ☐ Other Amount Paid Today $

All fees must be paid 4 weeks before the start of Family Camp, at which time we will charge the credit card on file for the balance. Deposit must be received for registration to be processed. BALANCE DUE $

With this deposit, I approve this application and certify that the applicants are capable of such an experience. I agree to pay the balance of the fee at least 21 days prior to the weekend reserved. All deposits are non-refundable and non-transferable. All cancellations must be received in writing. Any cancellation less than three weeks prior to the start of the session will result in a refund of 50% of the fees less deposit and those less than one week prior will result in a refund of 25% of the fees less deposit. If a camper does not show for a registered session without notice, no refund will be issued. A physician's authorized written medical excuse is required to be considered for a full refund (less deposit). Requests for refunds with special circumstances must be submitted in writing for consideration. I understand that no refunds are given if a family leaves early. I grant permission for the applicants to participate in all planned activities including out-of-camp trips by bus. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment for any listed participants. I also authorize the YMCA to use any photographs, slides or video images of persons named through this application. I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs. All changes to registration must be submitted in writing.

Contact Person/Parent Signature _____ Date _____

PAYMENT

Using "Amount Paid Today" (above):

☐ Enclosed is my Check Check # _____

☐ Bill my Credit Card Name on Card _____

☐ Visa ☐ MC ☐ AMEX Expires _____/_____

Card # _____-_____-_____-_____

Cardholder Signature _____

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