

Family Information

Family Name		First Name of Person Registering				
Street Address	PO Box #	Apt #	City	State	Zip Code	
Daytime Phone		Evening Phone		Email		
Dietary Restrictions			Allergies <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			

Please list individually those who will attend (attach additional sheet if needed)

Name	Gender	Age	Name	Gender	Age

Cabin Request

Please indicate if you would like to request a specific cabin. If no cabin request is made, our Camp Registrar will match your family with an appropriate cabin.

Cabin Request, if known _____

Payment Information

Adults: \$237 per adult 6 to 12 year olds: \$164 per child
 13 to 17 year olds: \$185 per teen 5 and under: Free

Deposit: 25% of total fee inclosed _____
 Amount enclosed / to be charged: _____ Type of Payment: Check / Money Order (Payable to New York YMCA Camp)
 Credit Card: MasterCard VISA American Express

Card Number _____ Verification Code (3 digits MC / Visa, 4 digits AmEx) _____ Expiration Date _____

Name on Credit Card _____ Signature _____ Daytime Phone _____

Please charge remaining balance on 8/22/11 to the credit card listed above.

Mail Completed Form to:
 Camp Registrar
 Summer Family Camp
 New York YMCA Camp
 PO Box 622
 Huguenot, NY 12746

Questions? Contact our Camp Registrar
 Toll Free: 877-30-YCAMP
 Phone: 845-858-2200
 E-mail: camps@ymcanyc.org
 Fax: 845-858-7823

Cancellation Policy
 Full refund minus \$25 per person if cancelled by August 13, 2011.
 Full refund minus \$50 per person if cancelled by August 31st.
 No refunds after August 31st.