

Registration Form

*To Reserve Your Child's Place in Camp,
Payment Must Accompany Registration*

Child's Name: _____

DOB: _____ Male: _____ Female: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

*Please circlet the weeks
your child will be attending.*

Week 1	June 8-12	Week 6	July 13-17
Week 2	June 15-19	Week 7	July 20-24
Week 3	June 22-26	Week 8	July 27- 31
Week 4	June 29-July3	Week 9	August 3-7
Week 5	July 6-10	Week 10	August 10-14
		Week 11	August 17-21

Payment Information:

Camp _____

Membership Fee _____ \$29.00

__ weeks x Deposit of \$ __20 _____

Payment for 1st Week _____ \$141.00

Registration Fee _____ \$30.00

Total Payment with Registration _____

__ Cash __ Check Credit: __MC __ Visa __AM

Card #: _____

Expiration Date: _____ 3 digit code ____

Signature: _____

At Collegiate YMCA

Sign up now...