YMCA CAMP COLMAN & CAMP ORKILA

2012 OVERNIGHT CAMPING REGISTRATION FORM

Complete this registration form (one form per child). Please make a copy for your records. If applying for financial assistance, use Tier 1 for your session fee.

CAMPER INFORMATION

Last name _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Age _____ Birthdate _____ Gender _____ Ethnicity (optional) _____

Grade in fall 2012 _____ School currently attending _____

LIVES WITH PARENT/GUARDIAN INFORMATION

Parent/guardian 1 _____ Relationship _____

Work phone (_____) _____ Company _____ Cell (_____) _____

Parent/guardian 2 _____ Relationship _____

Work phone (_____) _____ Company _____ Cell (_____) _____

Primary household email address (for camp updates):

CAMP SESSION INFORMATION (do not include alternate choices; you will be contacted if a session is full)

Session _____ Dates _____ Program name _____ Fee _____

Cabinmates:* (first and last names) _____

Session _____ Dates _____ Program name _____ Fee _____

Cabinmates:* (first and last names) _____

***Cabinmates:** making new friends is a big part of the camp experience. To keep our cabins welcoming to all, please limit your request to four friends of the same gender, grade, session and program. Requests must be mutual and received at least three weeks before the sessions. For questions, call 206 382 5009.

Parent/guardian signature _____ Date _____

PAYMENT INFORMATION

Session Fees:

Total camp session fees ..... $ _____

Optional: round-trip transportation fee (add $30 for Camp Orkila; $15 for Camp Colman) ..... $ _____

Optional: camp store deposit ..... $ _____

YMCA of Greater Seattle membership status:

☐ YMCA Family Program Member, current through August 31, 2012

☐ YMCA Family Facility Member, current through August 31, 2012 (deduct $50) ..... $ –_____

YMCA branch: _____

☐ Not a YMCA Facility or Program member (add $50** for a Family Program Membership) ..... $ _____

Subtotal of fees ..... $ _____

Less amount enclosed or charged to a credit card (minimum deposit required) ..... $ –_____
Minimum deposit per session per child is $50 until December 31, 2011, $100 thereafter

Balance due by June 1, 2012 ..... $ _____

Tax deductible campership donation enclosed ..... $ _____

Method of payment: ☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express ☐ Check (payable to: YMCA Camping Services)

Credit Card number _____ Expiration date _____ Credit Card amount $ _____

Name on card _____ Signature _____

Balance of payment options: ☐ Charge the balance on that card on June 1, 2012 ☐ Charge the balance in equal monthly payments through June 1, 2012

Send the completed form to: YMCA Camping Services, 909 Fourth Avenue, Seattle, WA 98104 Fax: 206 382 4920 email: colmanorkilainfo@seattleymca.org

Camp Use: ☐ Web ☐ Phone ☐ Fax ☐ Mail	

**Program membership fee subject to change.

YMCA CAMPING SERVICES | 206 382 5009 | campcolman.org | camporkila.org