

Reserve your space!

- 1 Choose your child's sessions.** If you are enrolling more than two children, either photocopy the form or call your local branch for an additional copy. Reservation forms are also available on our website at seattleyymca.org/summer.
- 2 Enter a \$15 deposit for each session your child will attend.** If you are reserving space for more than one child, enter \$15 per session for each child. If you do not have a current family, youth or program membership, add the annual program membership fee for each child.
- 3 Complete the deposit form below.** Deposit amount should match the total on the session form, reverse side.

To reserve your space by mail, enclose the completed deposit form with your deposit or full payment by check, VISA or MasterCard to your local YMCA.

To reserve your space by fax, send to the fax number shown on the deposit form.

To reserve your space online, go to seattleyymca.org/summer.

To reserve your space in person, come in to your local YMCA and register.

We're sorry, but no phone reservations are accepted.

YMCA Summer Program dates may be affected by school calendar changes due to unexpected weather or emergency situations. Please call your local YMCA or visit seattleyymca.org/summer for updated schedules.

Refunds. For cancellations, we require written notice two weeks prior to the start of the session. Refunds will be given for payment, less the original deposit.

Additional Registration Information. You will be mailed or given additional forms to complete your child's registration, which must be returned prior to your child's start. Any remaining balance will be due two weeks before the start of each session. If your payment is not received by the due date, your reservation and deposit for that and all remaining sessions will be forfeited.

Questions, call Highline YMCA at (206) 244-5880

Sorry, no phone reservations accepted.

DEPOSIT FORM

Additional forms are available from your local YMCA, seattleyymca.org/summer, or you may photocopy this form. Please print.

The deposit paid with this form is nonrefundable. All deposits and payments will be credited to your family's summer program fees. Deposits are transferable and may be used by other family members, or for other programs.

Full program fees are due two weeks prior to the beginning of each week of program. Additional forms and medical history information will be required before child begins.

Parent/Guardian _____

Home () Phone _____ Work () Phone _____

Parent/Guardian Date of Birth (used for identification purposes only) _____ / _____ / _____ (month / date / year)

Mailing Address _____

City _____

State _____ Zip _____

E-Mail Address _____

Parent/Guardian Signature _____

PAYMENT METHOD

MasterCard Visa

Credit Card # _____ Expiration Date (month / year) _____

Cardholder's Signature _____ Date _____

Please charge my credit card for the total amount of deposit fees only.

Please charge my credit card for the total amount of all summer fees.

TOTAL AMOUNT TO BE CHARGED TO CREDIT CARD \$ _____

Check Enclosed (Payable to YMCA of Greater Seattle) \$ _____

Cash (in person only) \$ _____

SEND OR FAX DEPOSIT FORM AND PAYMENT TO:

Highline YMCA
17874 Des Moines Memorial Dr.
Burien, WA 98148
Fax: (206) 244-5881



RESERVATION FORM

HIGHLINE YMCA

CHILD ONE

Child's Name (first & last) _____ M / F _____

Current Age _____ Grade in Fall '09 _____ Date of Birth (month/day/year) _____

Please indicate ALL sessions your child will be attending each week.	Ages	June 22 - 26	June 29 - July 3*	July 6 - 10	July 13 - 17	July 20 - 24	July 27 - 31	Aug. 3 - 7	Aug. 10 - 14	Aug. 17 - 21	Aug. 24 - 28**
	SUMMER ENRICHMENT										
Summer Enrichment	5 - 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Closed July 3.

** Closed Aug. 27 & 28.

CHILD TWO

Child's Name (first & last) _____ M / F _____

Current Age _____ Grade in Fall '09 _____ Date of Birth (month/day/year) _____

Please indicate ALL sessions your child will be attending each week.	Ages	June 22 - 26	June 29 - July 3*	July 6 - 10	July 13 - 17	July 20 - 24	July 27 - 31	Aug. 3 - 7	Aug. 10 - 14	Aug. 17 - 21	Aug. 24 - 28**
	SUMMER ENRICHMENT										
Summer Enrichment	5 - 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Closed July 3.

** Closed Aug. 27 & 28.

Total number of weeks for Child(ren) _____ X \$15 = Total Program Deposit	\$ _____
Current YMCA membership required.	
If you do not have a membership, please add \$35 per child.	\$ _____
TOTAL	\$ _____

For Internal Use:
Staff Initials _____
Date Received _____

Please print.

Phone _____

Parent's Name (required) _____