

2012 CAMP CAMPBELL GARD REGISTRATION FORM

Age at Camp _____ Birthday _____ Grade (fall) _____

Last Name, First Name, Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Male Female

Cabin Mate Preference (List only one camper of the same age - the request must appear on both camper's forms) _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____ Business Phone _____ Email Address (required for Confirmation Packet) _____

Emergency Contact Name _____ Phone _____

Is the camper a YMCA member Yes No How did you hear about camp? _____

Program Information IMPORTANT: Please check the SESSION AND PROGRAM that you wish to attend.	
	SESSIONS
<input type="radio"/>	Session 1: June 10-15
<input type="radio"/>	Session 2: June 17-22
<input type="radio"/>	Session 3: June 24-29
<input type="radio"/>	Session 4: (Day Camp only, Hughes Center) July 1-6
<input type="radio"/>	Session 5: July 8-13
<input type="radio"/>	Session 6: July 15-20
<input type="radio"/>	Session 7: July 22-27
<input type="radio"/>	Session 8: July 29-August 3
<input type="radio"/>	Session 9: August 5-10
	PROGRAMS
<input type="radio"/>	Overnight Camp, ages 7-15 Cost \$475 Sessions: 1,2,3,5,6,7,9 (Sun-Fri)
<input type="radio"/>	Half Day Horse Camp, ages 8-12 Cost \$150 Sessions: 1,2,3,5,6,7,9 (Mon-Fri)
<input type="radio"/>	Supersized Half Day Horse Camp, ages 8-12 Cost \$300 Sessions: 1,2,3,5,6,7,9 (Mon-Fri)
<input type="radio"/>	Overnight Horse Camp, ages 10-16 Cost \$550 Sessions: 1,2,3,5,6,7,9 (Sun-Fri)
<input type="radio"/>	Survival Camp, ages 12-16 Cost \$475 Session: 7 (Sun-Fri)
<input type="radio"/>	Teen Nation, ages 12-16 Cost \$475 Session: 3 (Sun-Fri)
<input type="radio"/>	Fishing Camp, ages 12-16 Cost \$475 Session: 9 (Sun-Fri)
<input type="radio"/>	Leaders-In-Training (LIT), ages 13-14 Cost \$475 Session: 2 (Sun-Fri)
<input type="radio"/>	Counselors-In-Training (CIT), ages 15-16 Cost \$350 Sessions: 5&6 (Sun-Fri, 2 wks)
<input type="radio"/>	Special Needs Day Camp, ages 7-22* Cost \$250 Sessions: 1,2,3,5,6,7,9 (Mon-Fri)
<input type="radio"/>	Special Needs Overnight Camp, ages 7-22* Cost \$475 Sessions: 1,2,3,5,6,7,9 (Sun-Fri)
<input type="radio"/>	First-Timers Camp Sampler, ages 5-7 Cost \$250 Sessions: 1,2,3,4,5,6,7,9 (Mon-Fri)
<input type="radio"/>	Rangers Camp, ages 8-12 Cost \$250 Sessions: 1,2,3,4,5,6,7,9 (Mon-Fri)

Payment Information

Total Registration Fees (add costs of each program selected): _____

Store Money (suggested amount = \$25 per session): _____

Donation (tax-deductible) to the Campership Fund: _____

Balance Due: _____

I am paying the entire balance now (\$100 per session is non-refundable)

I am paying the \$100 non-refundable deposit now. Bill me for the balance

Full payment to be made by 3rd party. Name of 3rd party _____

Please make checks payable to YMCA Camp Campbell Gard

PARENT/GUARDIAN AGREEMENT - PLEASE READ AND SIGN

Please bill my credit card for this amount:

MasterCard VISA Discover American Express

Account # _____ Expires _____

Security Code _____

Cardholder Signature _____

Registration Fees

A non-refundable deposit of \$100 must accompany each registration form to reserve a space at camp - the deposit will be deducted from the total fee. The balance of the registration fee must be paid in full at least three weeks before the camp arrives at camp.

Refund Policy

Deposits are never refunded unless the program is full or has been cancelled. Written refund requests for the balance of the camp fee may be submitted only for a serious illness or accident (with a statement from a physician) or a death in the immediate family.

Camp Store

Campers are encouraged to deposit money into their Camp Store account (suggested amount of \$25). The account may be used to purchase items from the Camp Store only. Campers are unable to withdraw money from this account. Any money remaining at the end of the session will be donated to the Scholarship Fund that enables children to attend camp.

Cabin Mates

If your child would like to request a cabin with a friend, both campers must request each other on their registration form. The children must be within two years of age. No more than two children may request a cabin together. Requests cannot be guaranteed.

Confirmation

You will receive a confirmation packet by Email that includes additional forms. Information about preparing for camp and guidelines for preventing homesickness.

Signature of Parent/Guardian _____

Date _____ Printed Name of Parent/Guardian _____

Contact Information:
 P (513) 867-0600
 F (513) 867-0127
 camp@gmvymca.org
 sexstone@gmvymca.org

Mailing Address:
 P.O. Box 13029, Hamilton, OH 45013
Street Address:
 4803 Augspurger Rd, Hamilton OH 45011
Web Address: www.ccgymca.org