YMCA
CAMP POTAWOTAMI

MEMORIAL DAY FAMILY CAMP REGISTRATION

Mail to: P.O. Box 38, South Milford, IN 46786
Phone: 1-800-966-9622
Fax: 260-351-3915

All-Inclusive Per Person Fees: Adult (18 & up) $100 Children (Ages 6-17) $75
Children (5 & under) Free

Lodging Preference: Circle one.
Rustic Cabin (Sleeps 8) Voyager Lodge (Sleeps 6)

Family Name: _____

Father/Guardian: _____

Mother/Guardian: _____

Name & Ages of Children: _____

_____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Are you a YMCA Member? _____ YES _____NO

If YES, Branch Name: _____ **Member #:**_____

Sharing a cabin? Family Name(s) of Cabin Request:

_____

Family Camp Agreement

I approve this registration and certify that the above named family campers are in normal health and able to participate in camp activities. YMCA programs are open to all people regardless of sex, race, color, or national origin. I understand the $50 deposit is refundable and transferable up to April 15, 2009. After this date the deposit will be non-refundable and non-transferable. I agree to pay the balance of fees by May 15, 2009, knowing that failure to do so may automatically cancel this application. I understand all requests for cancellations and refunds must be made in writing at least three weeks prior to attendance. No refunds are given if the family is removed from the program without the written consent of a health care specialist. I agree that only one-half of the camp fee will be refundable if this registration is cancelled less than three weeks prior to attendance.

Signature _____ Date _____

Fees

_____Adults (18 & up)	= _____	Subtotal	= _____
_____Children (6-17)	= _____	Less Deposit ($50)	= _____
_____Children (5 & under)	= _____	**Balance Due on**	
Non-YMCA Member (Add $25)	= _____	**May 15, 2009**	= _____