



2008 REGISTRATION FORM

Camper's Name
 Last First

Gender Boy Girl Age (at camp) Birthdate / / Grade in 2008-09

Address City State ZIP

Parent/Guardian #1 Name Parent/Guardian #2 Name NA

Home phone () Home phone ()

Work phone () Work phone ()

Cell phone () Cell phone ()

Email Email

YMCA member? Y N If yes, YMCA of Central Ohio (Columbus) Metro Family Member? Y N

Membership at which YMCA branch? Previous Camper? Y N

Cabinmate(s) (maximum 2, not guaranteed)

Special needs / accommodations?

1st year campers:

Were you referred by a camper? Y N If yes, who?

Sessions — Please circle all that apply

Traditional Camp	1	2	2A	2B	3	4	5	6	7	8
Horseback Lessons	1	2			3	4	5	6	7	8
Junior Wrangler	1	2			3	4	5	6	7	8
Rostofer Ranch	1	2			3	4	5	6	7	8
Trailblazers	1	2			4	5	6	7	8	
Craft Camp		2					5			8
Drama Camp						4			7	
Fishing Camp		2				4		6		8
Sports Camp	1						5		7	
Garage Band							5			

Instrument(s) you play:

Teen Camp		2			3			6		8
Frontier	1						5			
Adventurers at Frontier						4			7	8
CIT (Requires Application)	1					4				
Teen Trips							5		7	
Stayover Weekend	1-2	2-3			4-5	5-6	6-7	7-8		

For Office Use Only

Fee	N/M	HBR	Total
Date	Paid	Due	Check

Store / / / /
 Breakfast / / / /
 Sent

Payment

Enter only amounts you wish to pay at this time.
 \$ _____ week(s) x \$ _____
 (minimum of \$75/week is required)

\$ _____ Willson Membership Fee (check one)
 \$20 – Individual
 \$35 – Family
 We are already members at the _____ YMCA.

\$ _____ Total

Please check the method of payment

- Check/Money Order
 MasterCard Visa
 American Express Discover

Credit card # _____

Expires MM / YY

Signature _____

Date MM / DD / YY

(optional) I authorize the YMCA to charge my credit card on June 1:

- \$ _____ Remaining balance
 \$ _____ Camp Store deposit
 \$ _____ Saturday breakfast (\$5/adult, \$4/child <12)
 \$ _____ Donation to Scholarship Fund (optional)
 \$ _____ Total

See confirmation packet on website for details.
 Please send me additional information about full facility YMCA membership.

Parent Agreement

I have studied the fees and sessions and understand the contents. This application is accepted on a first-come, first-served basis. *Enclosed is a \$75.00 non-refundable registration fee for each week* (this is part of the total fee, not an addition). I am also enclosing the program membership fee if not currently a YMCA member. I agree to pay the balance of the fee and optional charges (store, Saturday breakfast) at least two weeks before the camp session begins, knowing that *failure to do so will result in a \$5.00 late fee.*

Signature Date MM / DD / YY

Mail registration to: Registrar, YMCA Camp Willson, 2732 County Road 11, Bellefontaine, Ohio 43311-9382

Anne Brienza *Executive Director* Elaine Thompson *Registrar*

Margaret Haverfield *Associate Executive Director*

Phone 800-423-0427 / 937-593-9001 Fax 937-593-6194

Email registrar@ymcacampwillson.org Web www.ymcacampwillson.org