



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP JEWELL YMCA

WOMENS WELLNESS WEEKEND REGISTRATION

A separate form must be completed for each participant.

Your Information: (All information, correspondence and invoices will be sent to this name)

Mrs. Ms. Dr.
Last Name: _____ First Name: _____ Occupation: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Date of Birth: ___/___/_____
Street Address: _____ City: _____ State: _____
Zip/Postal Code: _____ Bed Request (Please circle) Upper Lower Either
Special Dietary or Other Needs:

Room Mate Request: _____

Other Information: (if paying 2 person rate please include their information below)

Mrs. Ms. Dr.
Last Name: _____ First Name: _____ Occupation: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Date of Birth: ___/___/_____
Street Address: _____ City: _____ State: _____
Zip/Postal Code: _____ Bed Request (Please circle) Upper Lower Either
Special Dietary or Other Needs:

Room Mate Request: _____

Emergency Contacts

1. Name: _____ 2. Name: _____
Home Phone: _____ Home Phone: _____
Cell/Work Phone: _____ Cell/Work Phone: _____

PAYMENT INFORMATION

Payment Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card	_____	Fall Individual	\$175
Please charge \$ _____ on my credit card	_____	Fall 2 Person Rate	\$300
MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/>	_____	Winter Individual	\$175
Card # _____	_____	Winter 2 Person Rate	\$300
Exp. Date: ___/___/____ Security Code: _____	_____	Spring Individual	\$175
Authorized Signature: _____	_____	Spring 2 Person Rate	\$300
Cardholder's name (please print) _____	_____	Additional Activities _____	Message* _____
Please Make Checks Payable to: Camp Jewell YMCA	_____	_____	Hot Stone Massage*
Participation Agreement:	_____	_____	Horseback Riding (\$20) (*additional fees payable to instructor)

I agree to pay the total fee upon registration. Cancellations within 14 days of a particular session are non-refundable. I understand that I may not register for a program if I have an outstanding balance due to the YMCA. I realize that even after reasonable precautions are taken some activities such as, but not limited to swimming, hiking, horse riding, boating, and climbing may involve inherent risks for which Camp Jewell YMCA cannot be held responsible. I authorize the YMCA to have and use the name, photographs, slides, and video tape of the person named on this application in camp promotion materials.

Signature/Date _____