



CAMP JEWELL YMCA

MOTHER DAUGHTER RIDING WEEKEND REGISTRATION

Dates: _____ **Cost \$320 per pair (additional child \$150)**

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:

Childs Information:

Last Name: _____ First Name: _____ Age _____

Bed Request (Please circle) Upper Lower Either

Special Dietary or Other Needs:

Emergency Contacts

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

PAYMENT INFORMATION

Payment Method: Check Enclosed Credit Card
Please charge \$ _____ on my credit card
MC VISA AMEX DISCOVER

Card # _____
Exp. Date: ___/___ Security Code: _____

Authorized Signature: _____

Cardholder's name (please print) _____

Please Make Checks Payable to: Camp Jewell YMCA

Participation Agreement:

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 _____