



# 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: Check Enclosed Credit Card \_\_\_\_\_ Fall Individual \$185  
 Please charge \$\_\_\_\_\_ on my credit card \_\_\_\_\_ Fall 2 Person Rate \$325  
 MC VISA AMEX DISCOVER \_\_\_\_\_ Spring Individual \$175  
 Card # \_\_\_\_\_ \_\_\_\_\_ Spring 2 Person Rate \$325  
 Exp. Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Cardholder's name (please print) \_\_\_\_\_

Please Make Checks Payable to: Camp Jewell YMCA

Additional Activities \_\_\_ Massage\* \_\_\_ Hot Stone Massage\* \_\_\_ Horse-back Riding (\$20) (\*additional fees payable to instructor)

### 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 \_\_\_\_\_