

CAMP JEWELL YMCA

2022 Family Camp Registration Form

1. YOUR CONTACT INFORMATION									
FAMILY CAMP WEEKEND:									
Last Name:First Name:									
Primary Contact Person:									
Home Phone: Cell Phone: Cell Phone: Date of Birth:// Jewell Alumni? Yes No									
Email Address:	l	Date of Birth:/ Jewell Alumni? Yes No							
Street Address: City: State: State: Zip/Postal Code: Country (if outside USA):									
2. REVIEW THE PRICING 3. SELECT A CABIN TYPE									
CABINS		Price/Side	Option			Select			Selec
4 to 12 and Boat House		\$1,400		(up to 12				at House (1 available for up	
16, 1, 2 and 3 and Hid	y \$1,500	per cabin side).				to 24 people)			
Seniors Per Person	\$150	Hide-A-Way Ranch*/New Cabin 16 Senior Cabin (Youth-Hostel							
Additonal People		,				•	e). Shared sleeping room,		
Age 9+	\$175	AVAILABLE bath, and living room					,		
Age 4-8		\$125							
Additional Infant/Toddler			Do you plan on sharing your cabin side with another family? YES NO						
4. NOW LET US KNOW WHO IS COMING 5. THEN CALCULATE YOUR FEES									
Name	Age	N	ame	Age		AL FEES	# People		Total
1	7.5	7				bin Charg	e	\$	
2		8			Addition			\$ 175.00	
<u>2</u> 3				Additional 4-8			\$ 150.00		
			Infant/Toddlers			_	\$ -		
4 10						Y DEPOS	IT	\$250/side	
11				TOTAL					
6 FOR OFFICE USE ONLY: CABIN ASSIGNED									
6. IS THERE ANYTHING SPECIAL WE NEED TO KNOW? Do you have any additional requests or information you need to share with us on allergies/dietary concerns? 7. PAYMENT INFORMATION: Payment Method: Check Enclosed or Please charge \$ my credit card									
Make Checks Payable to: Camp Jewell YMCA \$250 deposit is required to hold your reservation (one deposit per cabin side)									
Card # Exp. Date:/ Security Code: Authorized Signature: Cardholder's name (please print)									
Authorized Signature:Cardholder's name (please print)									
B. Participation Agree to swimming, hiking, horse ricesponsible. I understand that secures your cabin for the character to the card on file, or cated on file. Camp Jewell is army registration WILL be cancer the final number of guestmame, photographs, slides, arthat while every effort is made	ding, boa t the \$25 osen fam n be use n alcohol eled if na	ting, and climb	oing may involve with this regist ddition a \$250 so following years any guests found s not received w	inherent ration is pecurity de deposit. At to be dri	risks for w non-refund posit is re any addition nking alcol lays prior i	thich Camp dable and d quired that onal damag hol will be to the star	o Jewell YMCA non-transfera It will be refur ges will be cha asked to leav It of family ca	cannot be he ble. Your dep ded after the rged to your e. I understal mp and I will	eld posit e camp is credit nd that he billed
Family Representative Signati	ure:						Date:		
Family Representative Signature: Date:									
eserving the cabin and making payments. Family name responsible for payment:									