



2012 FAMILY CAMP REGISTRATION FORM

FAMILY INFORMATION: Please PRINT Clearly One registration form per family

MAILING ADDRESS		CITY		STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE		ALTERNATE PHONE	
E-MAIL					ADD TO MAILING LIST <input type="checkbox"/> YES <input type="checkbox"/> NO

LAST NAME	FIRST NAME	BIRTHDAY (MM/DD/YY)	GENDER	RELATION TO MAIN CONTACT
1.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAIN CONTACT
2.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
6.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
7.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
9.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
10.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

For additional participants, write on another sheet of paper and attach to registration form.

PROGRAM SELECTION: Children 3 years old and under are FREE

FRIDAY Check-In 3:30PM SUNDAY Check-Out 2:00PM	I ♥ Family Camp Feb 10-Feb 12	Mother's Day May 11-May 13	Summer Escape Jun 29-Jul 1	FALL-O-WEEN Oct 26-Oct 28	2012 RATES			TOTAL
					Standard Rate	*Member Rate	Qty.	
**FAMILY CABINS (cabin rate only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1120	\$896		
***PER PERSON (shared cabins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$130	\$104		
TENT (must provide own tent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$95	\$76		

*Must be a YMCA of Honolulu Island Wide Family Member for the member prices. **Limited cabins, please call for availability. ***For exclusive cabin use it is required to purchase a minimum of 10 for a Mauka (Mountainside) cabin and minimum of 6 for a Makai (Oceanside) cabin.

Are there any vegetarians in your family? NO YES If Yes, how many?

Does anyone in your family have any food allergies? NO YES If Yes, what type?

Is there a specific family that you would like to share your cabin with? NO YES If Yes, what family?

PAYMENT INFORMATION: Financial Assistance is available, contact camp for more information

I have enclosed a **CHECK** - make check payable to YMCA Camp Erdman

I would like to pay with my **DEBIT/CREDIT CARD**, please contact me for my payment information

You are also able to register online at www.camperdman.net

ADD MY GIFT:

At the YMCA of Honolulu, our most important goal has always been to enrich the lives of kids, teens and families in our community. To ensure no one is denied a chance to participate because of inability to pay, we truly need your help.

Yes, I would like to help the YMCA by making a one-time contribution in the amount of \$ _____

Yes, I would like to help the YMCA by making a monthly recurring contribution in the amount of \$ _____

I would like to receive more information about making a contribution to the YMCA of Honolulu.

Payment Method:

Check Included

Call for payment

Bill Me

PARTICIPATION AGREEMENT: Please read carefully.

By signing below, the YMCA of Honolulu is authorized to use the names and any video/photographs/audio of my family and/or guests for public relations or promotional purposes. I also understand that a 25% non-refundable deposit must accompany this registration, full payment is due 30 days prior to the start of the Family Camp Weekend, all fees are non-refundable 30 days prior to event and a \$25 fee will be applied to my account for returned checks/charge payments. Payment and Signature of the person responsible (Main Contact) is required before registration is to be processed. *Must be a YMCA of Honolulu Island Wide Family Member for the member rate.

PRINTED NAME OF PARENT/GUARDIAN:	SIGNATURE OF PARENT/GUARDIAN:	DATE SIGNED:
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