



**YMCA CAMP ERDMAN  
2019 FAMILY CAMP - REGISTRATION FORM**

**FAMILY INFORMATION - ONE REGISTRATION PER FAMILY**

MAILING ADDRESS			PRIMARY PHONE	SECONDARY PHONE	
CITY	ST	ZIP	EMAIL		
LAST NAME	FIRST NAME		BIRTHDAY (MM/DD/YY)	GENDER	RELATION TO MAIN CONTACT
1.				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>MAIN CONTACT</b>
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	

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

**2019 FAMILY CAMP RATES & DATES**

FRIDAY Check-In 4:00PM SUNDAY Check-Out 1:30PM <i>4th of July - out of cabins by 10:00AM</i>	MOTHER'S DAY 05/10 - 05/12	4TH OF JULY 06/28 - 06/30	HALLOWEEN 10/25 - 10/27	HOLIDAY 12/06 - 12/08	STANDARD RATE	MEMBER* RATE	MILITARY** RATE	TOTAL
DELUXE CABINS <sup>▽</sup> - Limited	Call for availability (808) 637-4615				\$1,240	\$992	\$1,054	
PER PERSON <sup>▽▽</sup> - Shared cabins					\$145	\$116	\$123.25	
TENT - Per person rate					\$115	\$92	\$97.75	

<b>ADD MY GIFT</b> - At the YMCA of Honolulu, our most important goal has always been to enrich 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.	<input type="checkbox"/> YES, I would like to help by making my one-time contribution. <input type="checkbox"/> YES, I would like to help by making a monthly recurring contribution. <input type="checkbox"/> I would like to receive more information about making a contribution.	<b>GIFT AMOUNT:</b>
	<b>PAYMENT METHOD:</b> <input type="checkbox"/> Check enclosed <input type="checkbox"/> Call me for payment	

\*must be a YMCA of Honolulu Island Wide Family Member for the member rate. \*\*must provide proof of military service for military rate. <sup>▽</sup>limited cabins, call for availability. <sup>▽▽</sup>for exclusive cabin use it is required to purchase a minimum of 10 for mountain side cabin or a minimum of 6 for ocean side cabin, upon availability.

**TOTAL:**

**FINANCIAL ASSISTANCE & MILITARY RATE are AVAILABLE**  
Call (808) 637-4615 for more information

CHECK - enclosed and payable to YMCA Camp Erdman  
 DEBIT/CREDIT CARD - please call me for payment information

**ADDITIONAL QUESTIONS**

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

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

Would you like to share a cabin with a specific family?  YES  NO If YES, what family?

**PARTICIPATION AGREEMENT - PLEASE READ CAREFULLY**

I understand that a completed registration form and 25% deposit is required in order to be processed. The deposit is non-refundable under any circumstances. I understand that full payment is due 30 days prior to Family Camp event and without full payment spaces will not be reserved for my family. A \$25 fee will be added to my account for any return/insufficient payment. Refund on balances paid, less the deposit, may be approved 30 days prior to event. Any refunds that are granted will be disbursed in the same form that the payment was made. There are no refunds after 30 days prior to event. The YMCA will not be held liable and no refund will be issued for any failure or cancellation of Event that is beyond its control, including and acts of God. I understand that I am signing a document which could have legal consequences, that electronic signatures (or facsimile signatures) are enforceable to the same extent as original signatures and that submission of this form with an electronic signature constitutes an agreement to conduct this transaction electronically. As an alternative, I understand that I have the option to print this form and submit with an original signature. The person signing this registration accepts full responsibility for all incurred camp fees and expenses.

PRINT name of RESPONSIBLE PERSON (main contact)	SIGNATURE of RESPONSIBLE PERSON (main contact)	DATE signed
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