



YMCA Camp Gorham

**Family Adventure Weekend
September 29 – October 1, 2017
Registration**

| | |
|---|--|
| Name | |
| DOB or Member ID# | |
| Address | |
| City, State, Zip Code | |
| Telephone (home) | |
| Telephone (business) | |
| E-Mail | |
| Emergency contact name and telephone number(s): | |

Registration Information: Price includes lodging and program fees – 2 nights; RATES: \$125.00 per adult, \$110 per child under 12; Children under 4 no charge; Check-in Friday after 300pm on Friday – check out Sunday by 11:00 AM

Family Information:

| NAME: | Gender | Birth Date | Rate: |
|--|--------|------------|-------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Add Thursday night; check in Thursday at 3:00 pm - \$35 Per person | | | \$ |
| I would like to make a contribution to the Annual Campaign for Camp Scholarships. (Donations are 100% tax deductible. Visit campgorham.org/donate for more information.) Please charge my card for: | | | \$ |
| TOTAL | | | \$ |

Please charge my credit card: NOTE: Entire fee is required to secure your registration

| | |
|----------------------|------------------------------------|
| Credit card type | VISA MASTERCARD DISCOVER |
| Credit card number | |
| Expiration date | (3 digit security code): |
| Authorized signature | |

Cabin mate family request? Yes No Name: _____

- I understand that all fees are non-refundable and non-transferable
- I understand the enrollment is limited and registrations will be taken on a first come, first served basis.
- I give consent that the YMCA of Greater Rochester may take photographs, slides or video tapes of may as may be needed for its records or for promotional use, such as brochures, advertisements and the YMCA of Greater Rochester's websites without compensation.
- I understand that specific cabin requests cannot be guaranteed and that all cabins are assigned for a shared multi-family experience. (Camp Gorham will do its best to accommodate requests for individuals.)
- I understand that all programs and activities are subject to change based on weather and instructor availability.
- I understand that each family provides their own food and prepares such food in the provided cabin kitchens.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Registration changes after 9/15/17 \$30.00 processing fee; Registration deadline: 9/25/17

Registration confirmation and directions to Camp Gorham will be sent upon receipt of full payment. Make copies of this form as necessary for additional registrations. Please return completed forms with payment to: YMCA Camp Gorham Family Adventure Weekend, 265 Darts Lake Rd., Eagle Bay, NY 13331
Contact us toll free at: (888) 518-5671 Fax (315) 357-3103 Visit us Online at www.campgorham.org