



YMCA Camp Gorham

Daddy and Me Weekend

June 8-10, 2018

| | | | |
|---|--|--|--|
| Parent Name | | | |
| DOB or Member ID# | | | |
| Child 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: Retreat dates: June 8-10- program includes: 2 nights and 4 meals – breakfast Saturday – breakfast Sunday; Check in after 4:00 PM on Friday and departure is at 11:00 AM on Sunday. Program areas for guests: archery; ropes and lakefront activities; schedule of activities will be provided at check-in. Pony rides available at an additional charge; \$10.00 per camper ages 7 and up.

| Registration: | Rate: | X Number attending | =Totals |
|--|--|-----------------------|----------|
| Program | \$250 per pair | | \$250.00 |
| Additional children | \$90.00 per child/adult (please list names on second page) | X additional children | |
| Pony rides | \$10 per person | X Number of riders | \$ |
| 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: | | | \$ |
| Grand total: | | | \$ |

| Additional Family Members: | Adult | 5-12 years | Under 4 free | Rate: |
|-----------------------------------|--------------|-------------------|---------------------|--------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL | | | | \$ |

Cabin mate Preference? Yes No Name: _____

Vegetarian? Yes No *(If interested in transportation the office will contact you.)*

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 | (security code): | | |
| Authorized signature | | | |

- 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 understand that cabin mate and specific cabin requests cannot be guaranteed
- 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 all programs and activities are subject to change based on weather and instructor availability.

Signature: _____ **Date:** _____

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 Nature's Retreat, 265 Darts Lake Rd., Eagle Bay, NY 13331

Contact us toll free at: 888-518-5671 Fax 315-357-3103 visit us online at campgorham.org