



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP ADD ON

This form is for additional camp registrations only. Original 2016 camp registration form must be completed before utilizing this form.

Campers Name: _____

Member #: _____

Parents Name: _____

Phone: _____

____ IEP ____ BMP ____ Chronic Health

Additional weeks requested...

Camp: _____ Start date: _____ Fun Club ____ AM ____ PM ____ AMPM

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Payment must accompany request in order for the YMCA to process.

Check Money Order

Credit/Debit Card Type: ____ MC ____ VS ____ Disc. ____ Amex.

Last 4 digits of account on file: _____ Expiration date: _____ 3 digit code: _____

Signature: _____ **Date:** _____