

**Registration Form - Labor Day Family Camp  
YMCA Camp Harrison at Herring Ridge**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Please list those participating:

_____	DOB	___/___/___
_____	DOB	___/___/___
_____	DOB	___/___/___
_____	DOB	___/___/___

If possible we would like to be housed with the following family \_\_\_\_\_

YMCA Members	\$25: _____	Total:\$ _____
Non Members	\$50 _____	Total:\$ _____

Total:\$ \_\_\_\_\_

\*Fees cover all food, housing and activities

**Payment Information (check one)**

Enclosed is my full amount     Enclosed is my \$25 deposit (balance due August 1st)

Please charge my credit card for the amount of \$ \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Visa    MC    AmEx    Disc                      Security Code: \_\_\_\_\_

Make checks payable to: **YMCA Camp Harrison**

I understand that all cancellations must be 30 days prior to Family Camp to receive full refund.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_