

Registration Form Labor Day Family Camp

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 _____

Adult (18 & older)	\$75 Adults: _____	Total:\$ _____	
Child (age 7-17)	\$25 Children: _____	Total:\$ _____	
Child (6 & under)	\$0 Children: _____	Total:\$ _____	Total:\$ _____

Payment Information (check one)

- Enclosed is my full amount Enclosed is my \$50 deposit (balance due May 1st)
 Please charge my credit card for the amount of \$ _____

Name on card: _____

Billing Address: _____

Card Number: _____ Expiration: _____

Visa MC AmEx Disc Security Code: _____

*Fees cover all food, housing and activities.

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: _____

Mail to: Camp Harrison, 7901 South NC Hwy. 18, Boomer, NC 28606
Phone: (800) 514-1417 - Fax: (336) 921-7069

