



# Camp T. Frank Soles YMCA Family Camp Registration 2011

(Please fill out a separate form for each family.)

Name of Family (Last Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Family Members:

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Cabin Mate Request (Family Last Name) \_\_\_\_\_

### How did you find out about Camp Soles? (Circle One)

Friend      School      Fair/ Trade Show      Internet      Parent/ Alumni

I certify that all proposed campers are in normal health and subject to ordinary camp activities. I understand that the \$150 deposit is not refundable, and that my family camp session will only be reserved upon receipt of this deposit. **All fees are due no later than four weeks prior to the start of camp.** In case of accident or illness, the Camp Director has my permission to secure medical attention for any member of my family even if a parent or guardian is unavailable. I understand that the camp fee does not include accident or illness insurance. I understand that there will be no refund if my family arrives late or leaves early. I give my full permission for my entire family to participate in all phases of Camp Soles YMCA programs. I authorize the YMCA to take and use any photographs, slides and videos of my camper for promotional purposes, brochures, flyers, web site and the internet. I also understand that it is my responsibility to request or print out the forms required for my child to attend camp.

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

Please mark an "X" in the sessions you will be attending.

Family Camp Sessions	Full Cabin Rental	Shared Cabin Rental	Adults	Teens (13-17)	Children (5-12)	Pre-School (Under 4)	Total
Memorial Day 5/ 27-30	\$600	\$300					
Summer Week 6/ 19-25	\$1200	\$600					
Summer Week 6/ 26-7/ 2	\$1200	\$600					
Labor Day 9/ 2-5	\$600	\$300					
<b>Total</b>							

All payments minus \$150 deposit must be received by June 3, 2011.

Youth Camp Super session selections must be back to back. Multi-week sessions do not include laundry service.

#### Payment Options

Check/ Money Order     Visa  
 Master Card                 Discover

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing Address if different than above

\_\_\_\_\_  
\_\_\_\_\_

\$50.00 Deposit Required

Mail this completed registration with your non-refundable deposit to:

YMCA Camp T. Frank Soles  
134 Camp Soles Lane  
Rockwood, PA 15557  
Toll Free: 1-800-677-1811  
E-Mail: agreene@campsoles.org