



Camp Crosley Registration 2010

Name of Camper _____ Female Male

Date of Birth (MM/DD/YY) _____ Age at Camp _____ School Attending _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Home Phone (____) _____

Name of Mother Or Guardian _____ Work/Cell Phone (____) _____

Name of Father Or Guardian _____ Work/Cell Phone (____) _____

Cabin Mate Request _____

Only one request will be honored. Must be of similar age. Your name must appear on your cabin mate's request as well.

How did you find out about Camp Crosley?

Mailer Friend School Fair/Trade Show Internet Other _____ Years at Crosley _____

I certify that the proposed camper is in normal health and subject to ordinary camp discipline. I understand that the \$75 deposit, and pre-paid extra activity fees are not refundable, and that my child's camp week will only be reserved upon receipt of these fees. All fees and All forms are due no later than four weeks prior to my child's arrival in camp. I understand that a signed medical consent form is required for my child's participation in camp. In case of accident or illness, the Camp Director has my permission to secure medical attention if unable to communicate with me immediately. I understand that the camp fee does not include accident or illness insurance. I understand that there will be no refund if my child leaves camp early for homesickness or disciplinary reasons. I give my full permission for my child to participate in all phases Camp Crosley 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 _____

Mail this completed Registration with your non-refundable deposit or full payment to:
Camp Crosley YMCA
165 EMS T2 Lane
North Webster, IN 46555
Toll Free: 877-811-6189
E-Mail: info@campcrosley.org
Website: www.campcrosley.org

PAYMENT OPTIONS
 Check/Money Order VISA
 MasterCard Discover
Card No. _____
Exp. Date _____
Name on the Card _____
Billing Address Same as Mailing Address? Yes
If not, please complete below:

I would like to contribute to Camp Crosley's INVEST IN YOUTH Campaign and help bring disadvantaged youth to camp.
 \$10 \$25 \$50 Other \$ _____

Minimum deposit \$75 for each session plus ALL Extra Activity fees
Total Payment \$ _____



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PLEASE CIRCLE THE SESSION(S) YOU WILL BE ATTENDING.

Also note Stay Over Fees and Membership Fee if applicable.

Program Options	June 6 1	June 13 2	June 20 3	June 27 4	July 4 5	July 11 6	July 18 7	July 25 8	August 1 9	Total
Resident Camp 7-15	FULL	\$460	\$460	\$460	\$475	\$475	\$475	\$475	\$460	
Mini-Camp 6 – 8		M1 \$255 M2 \$255	M3 \$255 M4 \$255							
SEAL's 16 – 17				SEAL's 1 - \$850				SEAL's 2 - \$850		
EXTRA PROGRAMS Additional fees required. Filled first-come, first-served. To ensure a spot, register early and you MUST pay ADDITIONAL FEES with your registration deposit. If programs are full, you will be notified on your Fees Statement that you are on a waiting list, and your fees will be credited to your Balance. Please note age and swimming requirements.										
Horseback Riding	FULL	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	
Waterskiing/Wakeboarding	FULL	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	
Mini-Bikes	FULL	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	
1 time Horseback Ride	FULL	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
Sailing	FULL	\$25	\$25	\$25	\$25	\$25	\$25	\$95	\$25	
Other			British Soccer \$95 Scuba \$75		Drama Camp \$95 Scuba \$75			Scuba \$75 Kayak \$25		
Additional Fees										
Stay Over Fees	A \$50 fee only for those staying multiple weeks to cover meals, laundry and camper supervision									
YMCA Membership (required to attend) Please Select ONE of the following →	I am already a member of the YMCA. Branch _____ Membership # _____					I am not currently a YMCA member and need to purchase a program membership for: \$ 25 for single child \$40 for multiple children Campers registering for multiple sessions need purchase only 1 membership				
CHECK POLICY For your convenience, if your check is dishonored or returned for any reason, your account will be debited electronically for the amount of the check plus a processing fee of \$26.00 (or the legal limit) CheckLINQ 1-800-811-7826						Total Fees **Due 4 weeks prior to arrival** <input type="checkbox"/> I would like a parent packet sent to me at the address noted on the registration.				

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