



OVERNIGHT CAMP REGISTRATION 2021

Registration Information (Fill out one form per camper—please print)

Camper's Name: _____ Male/Female Birthdate (Month/Day/Year): _____

Parent's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email (Required to access camper's online account): _____

Emergency Contact 1 (Required): _____ Phone Number: _____

Emergency Contact 2 (Required): _____ Phone Number: _____

Group Mate Request (Limit 2 Please): 1 _____ 2 _____

Grade Entering in Fall 2021: _____ How did you hear about us: _____

I would like to receive confirmation materials: _____ By Mail _____ Online (Email address required above, materials will be available through your child's Camp In Touch online account which will be created at the time of registration)

<u>2021 Overnight Camp Pricing</u>	
Program	
Overnight Camp	\$650
Circle C Ranch	\$665
Horsemasters	\$700
CIT Leadership Camp	\$650

<p>July 11-16 (Session 1)</p> <p><u>Program</u></p> <p>____ Overnight Camp</p> <p>____ CIT Leadership Camp</p>	<p><u>Entering Grades</u></p> <p>4th-10th Grade</p> <p>11th-12th Grade</p>	<p>July 18-23 (Session 2)</p> <p><u>Program</u></p> <p>____ Overnight Camp</p> <p>____ Circle C Ranch Camp</p>	<p><u>Entering Grades</u></p> <p>4th-10th Grade</p> <p>4th-8th Grade</p>
<p>August 8-13 (Session 3)</p> <p><u>Program</u></p> <p>____ Overnight Camp</p> <p>____ CIT Leadership Camp</p> <p>____ Horsemasters Ranch Camp</p>	<p><u>Entering Grades</u></p> <p>4th-10th Grade</p> <p>11th-12th Grade</p> <p>9th-11th Grade</p>	<p>August 15-20 (Session 4)</p> <p><u>Program</u></p> <p>____ Overnight Camp</p>	<p><u>Entering Grades</u></p> <p>4th-10th Grade</p>

REGISTER ONLINE! WWW.CAMPCOPNECONIC.ORG





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ADDITIONAL OPTIONS—PLEASE CIRCLE SELECTIONS

1. Camp T-Shirt Total T-Shirt Order: \$ _____
 Youth Sizes—\$14 Adult Sizes—\$17
 S (6-8) M(10-12) L(14-16) S M L XL XXL

2. Camp Care Package-\$37 Total Care Pkg. Order \$ _____
 Youth M(10-12) L (14-16) Adult S M L XL XXL

3. 8x10 Group Photo—\$10 Total Photo Order: \$ _____
 Session(s): 1 2 3 4

5. I would like to contribute to the YMCA Campership Fund to help another child go to camp:
 \$25 \$50 \$75 \$100 Other Amount: \$ _____ Total Donation: \$ _____

Additional Options Total: \$ _____

TOTAL CAMP FEES

Session Total \$ _____

Additional Options Total \$ _____

Sibling Discount (15%)* - \$ _____

*If you are selecting the Sibling Discount, please only pay the required deposit of \$75/session. Our office staff will figure the discount based on the session(s) you have chosen for the children in your household and will send you a final bill.

Subtotal \$ _____

Today's Payment** \$ _____

Balance Due \$ _____

Refund Policy: ONE HALF of the deposit is refundable up to thirty (30) days prior to the session start date. Deposits are NON-REFUNDABLE after thirty (30) days prior to session start date.

****Deposit required—\$75 Per Session**

METHOD OF PAYMENT

Please Circle:

Check/Money Order Amex Mastercard Visa

Credit Card or Check Number: _____

Exp. Date: ____/____/____ 3 Digit Code on Back: _____

Name of Cardholder: _____

Billing Zip Code: _____ Amount to be Charged: _____

Signature: _____

**WE ENCOURAGE YOU TO REGISTER ONLINE THIS YEAR:
WWW.CAMP COPNECONIC.ORG**

To Register by Mail

Return registration form to:
 YMCA Camp Copneconic
 10407 N Fenton Rd.
 Fenton, MI 48430