



Overnight Camp Additional Options

Camper's Name: _____

Session(s): _____

OVERNIGHT CAMP ADDITIONAL OPTIONS

1. Camp T-Shirt Total T-Shirt Order: \$_____
 Youth Sizes—\$15 Adult Sizes—\$20
 S (6-8) M(10-12) L(14-16) S M L XL XXL

2. Camp Care Package—\$40 Total Care Pkg. Order: \$_____
 Youth M(10-12) L (14-16) Adult S M L XL XXL

3. 8x10 Cabin Photo—\$10
 Session(s): 1 2 3 4 (Photos not available for travel trips) Total Photo Order: \$_____

4. Trading Post (Camp Store) \$_____ Per Session
 Session(s): 1 2 3 4 (Trading Post not available for travel trips)
Total Trading Post: \$_____

Each camper will have the opportunity to visit the trading post once throughout their camp session.
Please note: Money left over in accounts will not be refunded. Left over funds will be donated to the YMCA Camp Copneconic scholarship fund. We suggest a max of \$50.

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: \$_____

METHOD OF PAYMENT

Please Circle: Check/Money Order Amex Mastercard Visa

Credit Card or Check Number: _____ Exp. Date: ____/____

3 Digit Code on Back: _____ Billing Zip Code: _____

Name of Cardholder: _____

Amount to be Charged: \$ _____

Signature: _____



Day Camp Additional Options

Camper's Name: _____

Session(s): _____

<u>DAY CAMP ADDITIONAL OPTIONS</u>			
1. Camp T-Shirt		Total T-Shirt Order:	\$_____
Youth Sizes—\$15		Adult Sizes—\$20	
XS (2-4) S (6-8) M(10-12) L(14-16)		S M L XL XXL	
2. 8x10 Group Photo—\$10		Total Photo Order:	\$_____
Session(s): A B C D E F G H I J			
3. 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:	\$_____
<u>Additional Options Total:</u>			\$_____

METHOD OF PAYMENT

Please Circle: Check/Money Order Amex Mastercard Visa

Credit Card or Check Number: _____ Exp. Date: ____/____

3 Digit Code on Back: _____ Billing Zip Code: _____

Name of Cardholder: _____

Amount to be Charged: \$ _____

Signature: _____