



# Santa Anita Family YMCA Summer Day Camp 2008 Reservation Form

Please tell us about your camper (Each child requires a separate Reservation form) Please Print

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Please select the camp and weeks**

\*No camp on 7/4

	Circle all that apply	Fee per Week
<input type="checkbox"/> Discovery Camp (K-1 <sup>st</sup> )	<b>Week 1 2 3* 4 5 6 7 8 9 10</b>	\$145 mbr \$160 particpt *(\$115/\$130)
<input type="checkbox"/> Explorer Camp (2 <sup>nd</sup> -3 <sup>rd</sup> )	<b>Week 1 2 3* 4 5 6 7 8 9 10</b>	\$145 mbr \$160 particpt *(\$115/\$130)
<input type="checkbox"/> Voyager Camp (4 <sup>th</sup> -5 <sup>th</sup> )	<b>Week 1 2 3* 4 5 6 7 8 9 10</b>	\$145 mbr \$160 particpt *(\$115/\$130)
<input type="checkbox"/> 'tween Camp (6 <sup>th</sup> -8 <sup>th</sup> )	<b>Week 1 2 3* 4 5 6 7 8 9 10</b>	\$175 mbr \$185 particpt *(\$140/\$150)
<input type="checkbox"/> Science Camp (4 <sup>th</sup> -8 <sup>th</sup> )	<b>Week 2</b>	\$195 mbr \$220 particpt
<input type="checkbox"/> Outdoor Adventure Camp (3 <sup>rd</sup> -6 <sup>th</sup> )	<b>Week 3</b>	\$195 mbr \$220 particpt
<input type="checkbox"/> Sports Camp (2 <sup>nd</sup> -4 <sup>th</sup> )	<b>Week 4</b>	\$195 mbr \$220 particpt
<input type="checkbox"/> Flight Camp (4 <sup>th</sup> -8 <sup>th</sup> )	<b>Week 5</b>	\$225 mbr \$250 particpt
<input type="checkbox"/> Coaster Camp (5 <sup>th</sup> -8 <sup>th</sup> )	<b>Week 6</b>	\$350 mbr \$375 particpt
<input type="checkbox"/> Sports Camp (5 <sup>th</sup> -8 <sup>th</sup> )	<b>Week 7</b>	\$195 mbr \$220 particpt
<input type="checkbox"/> Surf Camp (3 <sup>rd</sup> -8 <sup>th</sup> )	<b>Week 8</b>	\$395 mbr \$415 particpt
<input type="checkbox"/> Ride the Rails Camp (2 <sup>nd</sup> -5 <sup>th</sup> )	<b>Week 9</b>	\$195 mbr \$220 particpt
<input type="checkbox"/> Extended Care	<b>Week 1 2 3* 4 5 6 7 8 9 10</b>	\$20 per week

**Payment Information** (Please note: Deposits are non-refundable)

Total number of weeks \_\_\_\_\_ X Deposit of \$20 per week = \$ \_\_\_\_\_  
No deposit fees required for Extended Care

**Office Use**

Payment Type  Cash  Check  Visa  MasterCard  AmEx CCIS  YMCA Financial Assistance

Receipt Date \_\_\_\_\_ Receipt Number \_\_\_\_\_ Staff Initials \_\_\_\_\_

Week	Dates	Balance & Forms Due	Week	Dates	Balance & Forms Due
Week 1	6/16-6/20	<b>June 9</b>	Week 6	7/21-7/25	<b>July 14</b>
Week 2	6/23-6/27	<b>June 16</b>	Week 7	7/28-8/1	<b>July 21</b>
Week 3*	6/30-7/3	<b>June 23</b>	Week 8	8/4-8/8	<b>July 28</b>
Week 4	7/7-7/11	<b>June 30</b>	Week 9	8/11-8/15	<b>August 4</b>
Week 5	7/14-7/18	<b>July 7</b>	Week 10	8/18-8/22	<b>August 11</b>

**First Week** (circle one)    1 2 3 4 5 6 7 8 9 10

- Parent Contact Form
- Release & Waiver Form
- Medical Treatment Consent Form
- Discipline & Financial Contract Form
- Field Trip & Photo Release Form
- Handbook Acknowledgement Form

**Forms & First Balance Due Date** \_\_\_\_\_

Date Packet Mailed \_\_\_\_\_

Reminder Call Date \_\_\_\_\_

