



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LAKOTA FAMILY YMCA

## C.I.T CAMP ARROWHEAD REGISTRATION 2017

<b>Camper Name</b>		<b>DOB</b>	
<b>Parent(s)/Guardian(s) Name(s)</b>			
<b>Email Address</b> <small>(required for billing)</small>			
<b>Street Address</b>		<b>Camper Gender</b> Male                      Female	
<b>City</b>		<b>Home Phone:</b>	
<b>Zip</b>		<b>Cell Phone:</b>	
<b>Grade Entering in the Fall</b> (circle one) 8                      9                      10		<b>Work Phone:</b>	
<input type="checkbox"/> <b>MEMBER</b> <small>(must be a member of Lakota Family YMCA to receive member rate)</small>			
<input type="checkbox"/> <b>NONMEMBER</b>			

Mark your Calendar		CAMP TYPES <small>(Select weeks below)</small>	Avoid Late Fees by registering before the dates listed below.
Week	Camp Week Dates	C.I.T 7a-6p	WEDNESDAY
1	5/30–6/2		5/24/2017
2	6/5–6/9		5/31/2017
3	6/12–6/16		6/7/2017
4	6/19–6/23		6/14/2017
5	6/26–6/30		6/21/2017
6	7/3–7/7 NO Camp 7/4		6/28/2017
7	7/10–7/14		7/5/2017
8	7/17–7/21		7/12/2017
9	7/24–7/28		7/19/2017
10	7/31–8/4		7/26/2017
	8/7–8/11		8/2/2017

I've selected the week or weeks I want my child to attend and understand weekly fees will be charged to my credit card each Friday for the upcoming week. I fully accept all remaining balances. (Please sign and date below)

**REQUIRED**

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

Mark the **CAMP TYPE** weeks you want your child to attend.

- Your 1st payment is due when you register.** It includes 1-week of camp plus a \$40.00 **non-refundable/non-transferable** deposit to hold each additional weeks.
- Each child's account must be set up using a Mastercard, Visa, or Discover credit/debit card. Tuition will be charged to your credit card each Friday for the upcoming week. Keep a copy of your receipts and registrations so you will know when your balance is due.

CAMP RATES	
TYPE	C.I.T
Member	\$115
Non-Member	\$145
Late Registration Fee	\$30 <small>To be added to Camp Rate if received AFTER the Weekly Cut-off date.</small>
FOR OFFICE USE ONLY	
Name of Welcome Center staff accepting form	
Date Welcome Center received registration	
First Payment plus \$40 Deposit for each additional week	# of Additional Weeks ____ x \$40 = \$ _____
Add \$30 Late Registration Fee (if received AFTER Cut-off date)	
<b>TOTAL AMOUNT DUE TODAY</b>	