

LAKOTA FAMILY YMCA



2022 CAMP ARROWHEAD ADD CAMP WEEKS

One ADD FORM Per Child Please

Return to Front Desk or Email Form to: HelpCenter@LakotaYMCA.com

Camper Information:

First Name: _____ Last : _____ DOB: _____

School Grade as of 2022/2023 Year:

1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th ____ 7th ____ 8th,9th, or 10th ____

Parent/Guardian Full Name: _____

Phone No.: (____) _____

Email (Required for billing): _____ @ _____

Each Add week is a \$ 50.00 Deposit. The Deposit is Non-Refundable, and Non-Transferrable.

The remaining balance will be charge the Friday before the registered week begins.

Add Following Week(s)		CAMP SCHEDULE (Select weeks below)			To Avoid Paying A Late Registration Fee of \$ 35.00, Register By The Following Dates:
Week	Camp Week Dates	DAY	EXT DAY	C.I.T. 8th and Up	
#1	05/23/22—05/27/22				Register by 05/18/22
#2	05/31/22—06/03/22 No Camp 05/30/22				Register by 05/25/22
#3	6/6/22—6/10/22				Register by 06/01/22
#4	6/13/22—06/17/22				Register by 06/08/22
#5	6/20/22—06/24/22				Register by 06/15/22
#6	6/27/22—07/1/22				Register by 06/22/22
#7	7/5/22—7/8/22 NO Camp 07/04/22				Register by 06/29/22
#8	7/11/22—7/15/22				Register by 07/06/22
#9	7/18/22—7/22/22				Register by 07/13/22
#10	7/25/22—7/29/22				Register by 07/20/22
#11	8/01/22—8/05/22				Register by 07/27/22
#12	8/08/22—8/12/22				Register by 08/03/22

Total # of weeks Registered: _____ X \$50 for each week \$ _____ + \$35 late fee if applicable Total Registration \$ _____

I've selected the week or weeks I want my child to attend and understand the remaining 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: _____