

2010 Camp Kenan Family Camp Registration

Friday, May 21-Sunday, May 23

Family Name _____

Contact Name _____ Date of Birth _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Family Participants: _____ Y-Member(Y/N)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please list any dietary restrictions below?(vegetarians, allergies, etc.)

Total YMCA Member Participants: _____ x \$50 = _____

Total Non Member Participants: _____ x \$75 = _____

(Ages 5 and under Free) _____

TOTAL DUE = _____

*Minimum \$25 per person deposit due at time of registration

Return this completed form with checks payable to:

Lockport Family YMCA

19 East Avenue, Lockport, NY 14094

(716) 434-8887 Fax (716) 434-0227 www.campkenan.com

Or please charge to:

_____ Visa _____ MasterCard _____ Discover _____ Debit Card

Account# _____

Expiration Date _____ Amount: \$ _____

Cardholder's Name: _____

Cardholder's Signature: _____