

2011 Camp Kenan

Family Camp Weekend Registration

Memorial Day Weekend, May 27-29 & Labor Day Weekend, September 2-4

Family Name _____ **Dates Attending** _____

Contact Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Family Participants:

Y-Member (Y/N)

Name _____	Date of Birth _____	Y	N
Name _____	Date of Birth _____	Y	N
Name _____	Date of Birth _____	Y	N
Name _____	Date of Birth _____	Y	N
Name _____	Date of Birth _____	Y	N
Name _____	Date of Birth _____	Y	N
Name _____	Date of Birth _____	Y	N

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

Total YMCA Member Participants _____ x \$50 = _____

Total Non Member Participants _____ x \$75 = _____

(Ages 5 and under Free)

TOTAL DUE = _____

*Minimum \$25 deposit per person 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

Or please charge to:

_____ Visa _____ MasterCard _____ Discover _____ Debit Card

Account Number _____

Expiration Date _____ Amount \$ _____

Cardholder's Name _____

Cardholder's Signature _____