

YMCA Camp Bernie
FALL FAMILY CAMP REGISTRATION FORM

Child 1

First Name* _____ Middle Name _____ Last Name* _____
Preferred Name _____ Birth date* _____ Gender* ___ Grade entering in fall* ___
Address* _____ City* _____ State ___ Zip* _____
Home Phone* _____ Cell Phone* _____
Email Address* _____

Child 2

First Name* _____ Middle Name _____ Last Name* _____
Preferred Name _____ Birth date* _____ Gender* ___ Grade entering in fall* ___
Address* _____ City* _____ State ___ Zip* _____
Home Phone* _____ Cell Phone* _____
Email Address* _____

Parent 1

Salutation _____ First Name* _____ Last Name* _____
Gender* ___ Marital Status _____ Email Address* _____
Occupation _____ Employer _____
Address* _____ City* _____ State ___ Zip* _____
Home Phone* _____ Cell Phone* _____ Work Phone _____

Parent 2

Salutation _____ First Name* _____ Last Name* _____
Gender* ___ Marital Status _____ Email Address* _____
Occupation _____ Employer _____
Address* _____ City* _____ State ___ Zip* _____
Home Phone* _____ Cell Phone* _____ Work Phone _____

Fall Family Camp is November 3-5, 2017

Registration is due October 27

**Required fields*

YMCA Camp Bernie
FALL FAMILY CAMP REGISTRATION FORM

Special Dietary Needs: _____

Cabin Mate requests _____

PAYMENT INFORMATION*

_____ Participants age 12 and up: ___ x \$125 each

_____ Participants age 5 -12: ___ x \$85 each

_____ Participants under age 5: ___ x Free!

_____ **TOTAL AMOUNT ENCLOSED**

YMCA Camp Bernie
327 Turley Top Rd
Port Murray, NJ 07865
P: 908-832-5315
F: 908-832-9078
info@campbernieymca.org

Method of Payment

Check

Credit Card __Visa __MasterCard __American Express __Discover

Card # _____ Exp. _____ CSC# _____

Name on Credit Card: _____

Photography/Videography Release

I give permission for photographs or videotape of myself and my child(ren) to be taken and used for YMCA promotional materials.

Signature

Date

**Required fields*