

## Women's Wellness Weekend REGISTRATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation (optional): \_\_\_\_\_ Employer (optional): \_\_\_\_\_

I heard about Camp from: \_\_\_\_\_

Dietary Needs/Restrictions/lodging notes: \_\_\_\_\_

\_\_\_\_\_

Fees (Please check all that apply):

- Full Weekend Package – 2 nights lodging, 5 meals and all activity options \$ 200.00 per person
- Saturday Only – All Saturday activities, plus lunch \$75.00 per person

- Check or money order payable to YMCA Camp Bernie.

Method of payment:

- Charge my: \_\_ Visa \_\_ MC \_\_ Discover \_\_ Am Ex

Account # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

I certify that I am an adult over 18 years of age. I have read, understand and agree to the provisions outlined in this document. I have read and am voluntarily signing this authorization and release.

\_\_\_\_\_  
Participant Signature/Date

Email to [jjester@campbernieymca.org](mailto:jjester@campbernieymca.org)  
Fax to 908-832-9078  
Mail to YMCA Camp Bernie  
327 Turkey Top Rd  
Port Murray, NJ 07865