

Family Camp Registration

Wenatchee Valley YMCA

217 Orondo Avenue

Wenatchee, WA 98801

509.662.2109 Fax: 509.662.8532

www.lwycamp.org

May 25 - 28, 2018 - Memorial Day Cabin Request* (see back for options): _____

Aug 31 - Sept 3, 2018 - Labor Day Cabin Request* (see back for options): _____

All Registrations require a \$100.00 Non-refundable Deposit

Cost: \$155/Adult (ages 16 and older), \$110/youth (ages 6 -15) and no charge for children under 6 years of age. If all guests are not a Wenatchee Y member, please add \$20.00 to the total cost.

Primary Adult's Name – Billing and Contact Person:

_____/_____/_____ Male Female
First Middle Initial Last Date of Birth Age

Address: _____ **Phone:** _____
Street/PO Box City State Zip

Email Address: _____

Additional Guests:

_____/_____/_____ Male Female
First Middle Initial Last Date of Birth Age

_____/_____/_____ Male Female
First Middle Initial Last Date of Birth Age

_____/_____/_____ Male Female
First Middle Initial Last Date of Birth Age

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First Middle Initial Last Date of Birth Age

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First Middle Initial Last Date of Birth Age

_____/_____/_____ Male Female
First Middle Initial Last Date of Birth Age

_____/_____/_____ Male Female
First Middle Initial Last Date of Birth Age

Describe any current physical, mental or psychological conditions for any of the above which may require medication, treatment or special restrictions/considerations while in programs or may have potential impact on the safety and well being of the participant or others:

Are there any special dietary requests? No Yes, please note: _____

Cabin Information: All cabins sleep 8.

West Side of Camp

Cabin #1 Azwell - Closest to Lodge, no water front view.

Cabin #3 Whiteman - No water front view.

Cabin #5 Chieftain - Water front view.

Cabin #7 Tertsagian - Water front view.

East Side of Camp

Cabin #8 Squatter's Rights-No water front, Closest to Lodge

Cabin #10 Lewis - Water front view.

Cabin #12 Miller - Water front view.

Cabin #17 Rotary – No water front, no electricity,
2nd closest to OEE building bathrooms.

Cabin #2 Cashmere – No water front view.

Cabin #4 Taylor - Water front view.

Cabin #6 Owl - Water front view.

Cabin #9 Miekle - Water front view.

Cabin #11 Woods - Water front view.

Cabin #13 Isenhardt – Water Front, furthest from
Lodge

Cabin #16 Muirhead- No waterfront view, no
electricity, closest to OEE building bathrooms

* Note Cabin Requests are not guaranteed as they are on a first come, first served basis.

Insurance: It is the responsibility of every individual, their parent or legal guardian to provide their own accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health coverage for its participants.

Authorization and Release: I approve this registration, and certify that the registered campers are capable of such an experience and that I have advised the Wenatchee Valley YMCA of any physical, mental or psychological conditions that could affect participation in this program. I hereby hold the Wenatchee Valley YMCA harmless from any and all liability or action as may be allowed by law as a result of participation. Permission is granted for registrants to participate in all planned activities and programs, including but not limited to, climbing, hiking, swimming, archery and additional camp activities, with the understanding that parents are ultimately responsible for supervision of minor attendees. I understand that deposits are non-refundable or transferable and agree to pay the balance of camp fees no later than three weeks prior to camp start date and that any refund granted will be in accordance of the policy stated in the current LWY Family Camp Information Packet. I also authorize the YMCA to have and use all photographs, slides, and videos of the persons named on this application for marketing or other purposes as needed.

I have read and agree with the above statement:

Primary Adult Signature: _____ Date: _____

Additional Adult Guest Signatures (May be signed at Family Camp Check In):

Name: _____ Date: _____ Name: _____ Date: _____

Name: _____ Date: _____ Name: _____ Date: _____

Name: _____ Date: _____ Name: _____ Date: _____

2018 Camp Payment
Payment Type: Check Credit Card Number: _____
Credit Card Expiration: _____ Amount: \$ _____
Note: \$100.00 Deposit Required

For Staff Use Only:
FT# _____
of Adults/ Teens: _____
of Kids: _____
Registration Completed: _____
Staff Initials: _____