



YMCA CAMP LOMA MAR 2022 SUMMER FAMILY CAMP REGISTRATION

Primary Adult's Name: First _____ Last _____ Date of Birth ____/____/____
Address _____ City _____ Zip _____ E-mail Address _____
Home Phone (____) _____ Work Phone (____) _____ Emergency Contact _____ (____) _____

Additional Family members attending family camp (please list all, whether reserving cabin or individual, use back if needed):

Name and age of additional family members _____

List any known allergies and/or health conditions that may need accommodations while on site: _____

Rates:

Memorial Day & Labor Day Rates (3-nights) –

- Up to 4 people - \$260/person
- 5th person - \$245
- 6th person - \$230
- 7th person - \$215
- 8th person - \$200

End of Summer & Halloween Rates (2 nights) –

- Up to 4 people - \$180/person
- 5th person - \$170
- 6th person - \$160
- 7th person - \$150
- 8th person - \$140

# of family members	CIRCLE Your Preferred Date	Total Fees <small># Participants X Cost/Person</small>
	Memorial Day – May 27-30	
	End of Summer – August 12-14	
	Labor Day – September 2-5	
	Halloween – October 28-30	
	Balance Due one week prior to camp	

PAYMENT/REFUND POLICY

A \$100/per family non-refundable deposit will be kept for last minute cancelations. Incomplete registration forms will not be processed. Full refunds will be given should camp be closed due to do unforeseen circumstances.

X _____
"I understand & agree w/ the payment/refund policy." Parent/Guardian Signature Required

PAYMENT INFORMATION

We accept checks, money orders, and credit/debit cards. (Visa|MC|Discover|Amex)

PAYNON-REFUNDABLEDEPOSITONLY PAYFULLBALANCE OFFEES

CC# _____ Exp. Date ____/____

Cardholder _____ Billing Zip _____

Photographic Waiver/Consent

I give my permission to the YMCA of the East Bay to use my picture or other likeness, or a picture of other likeness of any of my children in the YMCA's general publicity and campaign materials.