



GREAT HOLLOW CAMPS 2010

225 Route 37, New Fairfield, CT 06812

(203) 746-5852 / Fax (203) 746-1232

www.greathollow.org

Participant's Name _____

First

Last

(Participant must be 5 years old)

Date of Birth ____/____/____ Age: _____ Sex: _____

PLEASE CHECK WHICH CAMP AND WEEKS YOU ARE ATTENDING

Young Adventurers Camp (Ages 8-10) July 12 – August 6 (8 a.m.-5 p.m.) \$325 per week

Week 1 7/12-7/16

Week 3 7/26-7/30

Week 2 7/19-7/23

Week 4 8/2-8/6

T.E.A.M. Survivor Camp (Ages 11-13) July 12 – August 6 (8 a.m.-5 p.m.) \$325 per week

Week 1 7/12-7/16 Overnight

Week 3 7/26-7/30 Overnight

Week 2 7/19-7/23 Overnight

Week 4 8/2-8/6 Overnight

Nature's Chorus – Riversong (Ages 5-7) July 12 – August 6 (9 a.m.-1 p.m.) \$175 per week

Week 1 7/12-7/16

Week 3 7/26-7/30

Extended Care AM Only

Week 2 7/19-7/23

Week 4 8/2-8/6

8am-9am \$25 per week

Nature's Chorus – Evergreen (Ages 8-15) July 12 – August 6 (9 a.m.-4 p.m.) \$300 per week

Week 1 7/12-7/16

Week 3 7/26-7/30 Overnight \$30

Extended Care

Week 2 7/19-7/23

Week 4 8/2-8/6 Overnight \$30

8 a.m.-9 a.m. \$25 per week

4 p.m.-5 p.m. \$25 per week

Teen Programs (Ages 13-16)

Whitewater Kayaking – July 12 – July 16 \$575

Backpacking – July 12 – July 16 \$575

Whitewater Kayaking – July 19 – July 23 \$575

Please complete application on reverse side

Participant's Name _____

First

Last

Address _____
 City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____
 Mother's Name: _____ Employer: _____ Work Phone: _____
 Father's Name: _____ Employer: _____ Work Phone: _____
 E-Mail: _____

Alternate Emergency Contacts (other than parents):
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Are there any special diet or health requirements? _____

Returned checks will be subject to a \$30 service charge. I agree and understand that a refund will be granted if the Y is notified ten (10) days prior to the Camp week for which my child is registered. I further understand that any changes resulting in a credit or refund will result in a \$15 service charge.

Signature of Parent/Guardian _____ Date _____ Receipt # _____

How did you hear about our camp? _____

***ALL CAMP ACTIVITIES SUBJECT TO WEATHER, STAFFING & OTHER CONDITIONS.
 CAMP IS HELD RAIN OR SHINE!***

Child's Name: _____ Parent's Name: _____
 Name on Card: _____

CHECK ONE: Check Visa MasterCard American Express

CARD NUMBER: _____ Expiration Date: _____

PLEASE FILL OUT THE TABLE BELOW - ONLY IF YOU NEED TO POST-DATE YOUR PAYMENT (note change below)

Post-Dated Payments

Please note that this payment schedule is strictly for the use of credit/debit cards ONLY. All credit/debit card charges will be made in accordance with the schedule below. Your child will not be registered for any weeks which payment or post-dated payment information has not been received.

Weeks		Payment Date	Total
2 & 3	\$	July 14, 2010	
4	\$	July 28, 2010	

Changes /Comments: _____

I give permission for the Regional YMCA of Western Connecticut to use the credit card above to make post-dated payments for Great Hollow Wilderness School Camp. I understand that charges will be made to my credit card according to the above stated schedule.

Signature: _____ Date: _____



Regional YMCA of Western Connecticut
We build strong kids, strong families, strong communities