



2011 FAME Camp Registration

Camper's Name _____

Male Female Date of Birth _____

Age at Camp _____ This will be my child's _____ year attending Camp Potawatami.

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

E-Mail: _____

Mother Guardian _____

Work Ph: _____ Cell Ph: _____

E-mail: _____

Father Guardian _____

Work Ph: _____ Cell Ph: _____

E-Mail: _____

Cabin Mate Request: _____

*Camper's must Request each other and be within one year of age. Due to size of our cabins at camp **ONLY ONE REQUEST PER CAMPER CAN BE HONORED***

How did you find out about camp? Returning camper

Friend/Relative School Visit Camp Fair

YMCA Branch Mailing Internet

2011 Program Sessions
July 24-29
Ages 8 through 14
Cost: \$435.00
Easy Payment Plans Available, and scholarships!

3 Ways to Register
➤ Fill out this form and mail to:
○ YMCA Camp Potawatami
PO Box 38
South Milford, IN 46786
Or fax to 260.351.3915
➤ Go to www.fwycamp.org and register online (n/a for Scholarships)
➤ Call and talk to a helpful camp staff at 1.800.966.9622

CAMPER COMMITMENT

I want to become a camper at YMCA Camp Potawatami. If accepted I agree to abide **by the camp's code of conduct and camp rules. I will do my best to make this a good** experience for myself and my fellow campers. I understand that failure to live up to this promise may result in my dismissal from camp (without a refund).

Camper's Signature _____ **Date** _____

PARENT/GUARDIAN AGREEMENT

I approve this registration and certify that the proposed camper is in normal health and able to participate in camp activities. YMCA programs are open to all people regardless of sex, race, color, or national origin.

I understand the \$50 deposit will be applied to the camp fee and is fully refundable until May 15, 2011. I agree to pay the balance of fees by May 31, 2011, knowing that failure to do so may automatically cancel this registration. Registrations made after May 15 must pay the full fee at registration.

Program and Session changes (as availability allows) can be made at no charge before May 31, 2011. A \$25 processing fee will be assessed for each change after that date.

I understand that no refunds are given if a child leaves early because of homesickness or disruptive behavior. In case of early withdrawal due to accident or illness the camp fee will be prorated.

I understand all requests for cancellations must be made in writing no later than three weeks prior to attendance. No refunds are given if a camper is removed from the camp program without the written consent of a health care specialist. I agree that only one-half the camp fee will be refundable if this registration is cancelled less than three weeks prior to attendance.

Signature _____ **Date** _____

PAYMENT: Make check /money order payable to YMCA Camp Potawatami. We accept Visa and MasterCard.
Pay: Deposit Only Full Fee \$ _____
Please check method of payment: Check enclosed VISA MasterCard
Credit Card Number _____ Expiration Date _____
Card Holder (Please Print) _____ Signature _____
All balances are due by May 31, 2011. New registrations after May 31 must be paid in full at time of registration.