



2010 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: _____

How did you find out about camp? Returning camper

Friend/Relative School Visit Camp Fair

YMCA Branch Mailing Internet

2010 Program Selection

Week 1: **July 25-30** (Finished Grades 6, 7 and 8) Cost: \$435.00

Week 2, **August 1-6** (Finished Grades 2, 3, 4 and 5) Cost: \$435.00

Easy Payment Plans Available! Just Call 1-800-966-9622

3 Ways to Register

▶ Fill out this form and mail it to:
YMCA Camp Potawatami
 PO Box 38
 South Milford, IN 46786
 Or fax it to: 260-351-3915

▶ Go to our website at: www.fwycamp.org
 and register online

▶ Call and talk to one of our helpful staff at
 1-800-966-9622

*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***

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 April 15, 2010. I agree to pay the balance of fees by May 15, 2010, 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 April 15, 2010. 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 15, 2010. New registrations after May 15 must be paid in full at time of registration.