

2019 CAMP CAKE REGISTRATION FORM



Camp Dates: June 25-27, 2019 (Tues-Thurs)

Times: 1:00-3:00pm

Ages: 6-12

Cost: \$75 Members/Nonmembers

Camper: _____ DOB: _____ Age _____ M ___ F ___

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

If parent cannot be reached, list Emergency Contact:

Name: _____ Phone: _____

Does your child have any health or developmental issues? Yes _____ No _____

If yes, specify: _____

Does your child have any previous baking or culinary skills? Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

***Please return the completed registration form along with the
\$25.00 NON-REFUNDABLE deposit to the YMCA**

SPACES ARE LIMITED

Staff Use Only:

Amount Paid: _____ CK# _____ Cash _____ CC _____

Payment Date: _____ Balance Due: _____