

YMCA Camp Chandler 2019 Summer Camp Registration Form

Camper's First Name: _____ Last Name: _____ Preferred Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Gender: Male Female

DOB: _____ Age (as of July 1, 2019): _____ School: _____ Grade in Fall: _____

T-Shirt Size (t-shirt picked up at check-in): Youth Sizes: YM YL Adult Sizes: AS AM AL AXL

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Work Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Email: _____

Is Mother an alumni of Camp Chandler? Yes No

Is Father an alumni of Camp Chandler? Yes No

With whom does the child live? Both Parents Mother Father Guardian: _____

Has Child been to Camp Chandler Before? Yes No If So, which years? 2012 2013 2014 2015 2016 2017 2018

How did you hear about Camp Chandler? Returning Camper YMCA Brochure Family Church Internet Home Show Word of Mouth School Other

Cabin Mate Request (up to 3): _____

Insurance Carrier: _____ Policy #: _____ Group # _____

Please check the box beside your session and circle whether you are a YMCA member or non member:

| | Rangers | | Specialty Camps | | Scouts | | Explorers | | LIT's |
|-----------|----------------|--------------------------|-----------------------------------|--------------------------|------------|--------------------------|------------|--------------------------|------------------------------------|
| Session 1 | May 26-31 | <input type="checkbox"/> | | | May 26-28 | <input type="checkbox"/> | May 29-31 | <input type="checkbox"/> | |
| Session 2 | June 9-14 | <input type="checkbox"/> | June 9-14 | <input type="checkbox"/> | | | | | June 9-28 <input type="checkbox"/> |
| Session 3 | June 16-21 | <input type="checkbox"/> | June 16-21 | <input type="checkbox"/> | | | | | |
| Session 4 | June 23-28 | <input type="checkbox"/> | June 23-28 | <input type="checkbox"/> | June 23-25 | <input type="checkbox"/> | June 26-28 | <input type="checkbox"/> | |
| Session 5 | June 30-July 5 | <input type="checkbox"/> | June 30-July 5 (Ski Venture Only) | <input type="checkbox"/> | | | | | |
| Session 6 | July 7-12 | <input type="checkbox"/> | July 7-12 | <input type="checkbox"/> | | | | | July 7-26 <input type="checkbox"/> |
| Session 7 | July 14-19 | <input type="checkbox"/> | July 14-19 | <input type="checkbox"/> | July 14-16 | <input type="checkbox"/> | July 17-19 | <input type="checkbox"/> | |
| Session 8 | July 21-26 | <input type="checkbox"/> | July 21-26 | <input type="checkbox"/> | July 21-23 | <input type="checkbox"/> | July 24-26 | <input type="checkbox"/> | |

| | Rangers | Specialty Camps | Scouts | Explorers | LIT's |
|-------------|---------|-----------------|--------|-----------|----------|
| YMCA Member | \$ 590 | \$ 700 | \$ 260 | \$ 260 | \$ 1,170 |
| Non-Member | \$ 640 | \$ 750 | \$ 285 | \$ 285 | \$ 1,270 |

| Weekend Add-On: \$85 (Must be staying the session before the weekend) | |
|---|-------------------------------------|
| June 14-16 <input type="checkbox"/> | June 21-23 <input type="checkbox"/> |
| July 28-30 <input type="checkbox"/> | July 5-7 <input type="checkbox"/> |
| July 12-14 <input type="checkbox"/> | July 19-21 <input type="checkbox"/> |

Payment

- Check Enclosed (Please make payable to YMCA Camp Chandler)
- Charge my credit card:
 - Deposit only
 - Deposit today, schedule remainder for two weeks before session
 - Full amount today

Name on card: _____

Expiration Date: _____ Security Code: _____

Card Number: _____

Mail this completed application with a **\$100 non-refundable deposit for all week long sessions and LITS or a \$50 non-refundable deposit for Scout and Explorer Sessions** to reserve a space. Remember to choose a session and designate membership status. Fees include a t-shirt, souvenir, and a drink and snack from the camp store each day. Confirmation of camper's acceptance will be emailed upon receipt of application. Campers that sign up for multiple weeks will receive \$50 off each week after the first.

Parent Packets need to be filled out and submitted to the office. These packets can either be printed off of the website at www.campchandler.org. The Parent Packet must be filled out prior to check-in.

Parent's Signature: _____ Date: _____

Please return form by mail, email or fax.

Mail: YMCA Camp Chandler
1240 Jordan Dam Rd.
Wetumpka, AL 36092

Email: mthomas@ymcamontgomery.org
Fax: (334) 649-7516
Office: (334) 229-0035