

YRESIDENT CAMP™

We build strong kids, strong families, strong communities.

Registration Form for YMCA Resident Camp

Oregon-Idaho United Methodist Camp & Retreat Ministries

- ◆ All registration must be received at least **two weeks prior** to the start of event.
- ◆ A \$50 deposit is required **unless another amount is indicated in the description.**
- ◆ Deposit is non-refundable.
- ◆ For **tiered prices**, lowest rate not available after May 5th.

Name: _____ Male Female
Address _____ Hm Phone (____) _____
City _____ State _____ Zip _____
Email _____

Group: Rogue Valley Family YMCA Medford, OR

Birthdate: _____ Completed grade at time of camp _____

Parent/Guardian Name _____

Emergency/Cell phone (____) _____

If desired, give the name of one person with whom a camper wishes to share a cabin.

This must be a mutual request. _____

Event Name: YMCA Resident Camp 2009 at Camp Latgawa

July 19th – 25th

General information:

Make checks payable to: **Conference Treasurer**

Send Registration to: **Camp Registrar
1505 SW 18th Avenue
Portland, OR 97201**

For more information contact Geneva Cook in the camping office:

Inside Portland area: **(503) 226-7931** Toll-free: **1-800-593-7539** ext. 43

Fax number: **(503) 228-3196** e-mail: camping@gocamping.org

Questions About Camp:

Gary Taylor YMCA Camp Director

541-772-6295 ext. 207

gtaylor@rvymca.org



Office Use Only

Date Rec'd _____

Date Input _____

Dep Amt _____

Letter Sent _____

Packet Sent _____

Payment

Event Fee \$ _____ *
(Use bottom box for family events)

Optional Gift to Campership Fund \$ _____

Amount Enclosed \$ _____
(*\$50 non-refundable deposit unless otherwise indicated.*)

Balance Due \$ _____
(*Two weeks before event starts*)

To pay by Credit Card:

(*Visa, Mastercard, or Discover*)



Card Number _____

Expiration date _____ \$ _____
Amount to be charged

Printed Name _____

Signature _____