

# 2012 Fall Weekend Registration

**Primary Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Ph: Home** (\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**PROGRAM CHOICE(S):**

Women's Weekend      September 21 — 23      \$225.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
# of women

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Fall Family Weekend      September 28 — 30      \$210.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
13 & older

\$125.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Ages 3-12

\$ 0.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Under 3

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**FAMILY/GROUP INFORMATION:**

Name (First/Last)	Birthdate	Address (if different then above)
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Please note any **dietary restrictions**: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

# How did you learn about Camp Manito-wish YMCA?

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Are you a Camp Manito-wish YMCA alum?  No  Yes

If yes, what was your last name when you were a camper? \_\_\_\_\_

**PAYMENT OPTIONS:**

**Check**  
Please make checks payable to **Camp Manito-wish YMCA**

**Credit Card**  
Charge my  VISA  Mastercard CSV \_\_\_\_\_  
(three digits on the back of card)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Cardholder address (if different from primary contact) \_\_\_\_\_  
\_\_\_\_\_

*I hereby give permission to use any video, photographs, or written statements from my family's experience in public relations materials, including the internet, without compensation.*

**IN CASE OF MEDICAL OR SURGICAL EMERGENCY, I accept responsibility for medical/surgical treatment charges which may be incurred on my personal/my child's/my family's behalf.**

**Cancellation policy:** *I understand that in the event of my cancellation within 21 days of the program, Camp Manito-wish YMCA will retain the full fee. Cancellation on my part within 22-60 days of the program will result in Camp Manito-wish retaining 50% of the program fee. For any cancellation more than 60 days before a program, Camp Manito-wish will retain 25% of the program fee.*

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**Signature**

**Date**

**Thank you! You will be receiving a confirmation of your registration soon.**

**Please call (715) 385-2312 with any questions.**

Mail to: **Camp Manito-wish YMCA**  
P.O. Box 246 • Boulder Junction, WI 54512

OR

Fax: (715) 385-2461

Web: [www.manito-wish.org](http://www.manito-wish.org) • Email: [camp@manito-wish.org](mailto:camp@manito-wish.org)

