



Camp Soles Registration 2009

Please fill out a separate form for each family.

Mail this completed registration with your non-refundable deposit to:
 Camp T. Frank Soles YMCA
 134 Camp Soles Lane
 Rockwood, PA 15557
 Toll Free: 1-800-677-1811
 E-Mail: campssoles@campsoles.org
 Website: www.campsoles.org

Name of Family (Last Name) _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Home Phone (____) _____

Work/Cell Phone (____) _____

Family Members

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

How did you find out about Camp Soles?

Friend School Fair/Trade Show Internet Parent/Alumni

Years at Camp Soles _____

Payment Options

Check/Money Order VISA
 Master Card Discover

Card No. _____

Exp. Date _____

Name on the card _____

Billing and Mailing Address the Same?

YES If not, please complete below

Minimum deposit \$150 for each session

Total Deposit \$ _____

I certify that all proposed campers are in normal health and subject to ordinary camp activities. I understand that the \$150 deposit is not refundable, and that my family camp session will only be reserved upon receipt of this deposit. **All fees are due no later than four weeks prior to my family's arrival to camp.** In case of accident or illness, the Camp Director has my permission to secure medical attention if unable to communicate with me immediately. I understand that the camp fee does not include accident or illness insurance. I understand that there will be no refund if my family arrives late or leaves early. I give my full permission for my all of my family to participate in all phases of Camp Soles YMCA programs. I authorize the YMCA to take and use any photographs, slides and videos of my family for promotional purposes, brochures, flyers, web site and the internet. I also understand that it is my responsibility to request or print out the forms required for my family to attend camp.

Signature _____ Date _____

Family Camp Dates

Memorial Day Weekend: May 22-25

Summer Family Week: June 28-July 4

Labor Day Weekend: September 4-7

Fall Foliage Weekend: October 9-12

PLEASE MARK THE NUMBER ATTENDING IN EACH AGE GROUP AND THEN TOTAL THE FEE FOR THE SESSION.

Family Camp Sessions	Adult	Teen 13-17	Youth 7-12	Child 4-6	Under 4	Total
Memorial Day Weekend Price	\$160.00	\$140.00	\$130.00	\$70.00	No Charge	
Number Attending						
Total						
Summer Family Week Price	\$320.00	\$285.00	\$265.00	\$140.00	No Charge	
Number Attending						
Total						
Labor Day Weekend Price	\$160.00	\$140.00	\$130.00	\$70.00	No Charge	
Number Attending						
Total						
Fall Foliage Weekend Price	\$160.00	\$140.00	\$130.00	\$70.00	No Charge	
Number Attending						
Total						