



**YMCA CAMP LOMA MAR**  
**2018 CAMP REGISTRATION FORM**  
**AUGUST 30-SEPTEMBER 2, 2019**  
**REGISTRATION DEADLINE: August 23, 2019**

(Please PRINT CLEARLY)

Primary Adult's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender Identity \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Additional Family members attending family camp** (please list all, whether reserving cabin or individual, use back if needed):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Registering For: (check all that apply)	<b>CIRCLE Your Fee</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
<b>Quantity</b>	Choose either Cabin or Individual Reservation			
	Cabin (up to 10 People)	\$1475	\$1330	\$1230
	Adults	\$280	\$240	\$220
	Teens (ages 13-17)	\$190	\$150	\$125
	Youth (ages 5-12)	\$175	\$145	\$120
	Infant/Toddler (ages 4 and under)	\$0	\$0	\$0
	<b>Total Fees</b>	\$	\$	\$
	Tax Deductible Donation (optional)	\$	\$	\$
	<b>Non-Refundable Deposit Paid Today</b> (\$75/family for individuals or \$150/cabin)	<\$ >	<\$ >	<\$ >
	<b>Balance Due by August 23, 2019</b>	\$	\$	\$

**Agreement and payment policy:**

I hereby register the persons above for Family Camp at YMCA Camp Loma Mar and verify that I have the authority to sign this agreement on their behalf. I understand that it is my responsibility to thoroughly read and review the policies in the parent handbook which will be mailed to me following registration. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur.

- I authorize my account to be automatically charged 2 weeks prior to camp if balance is not fully paid off by that time
- I will send in my payment by 2 weeks prior to camp

\_\_\_\_\_  
Primary Adult Signature

\_\_\_\_\_  
Date

**Method of Payment**

\_\_\_ Check enclosed (payable to YMCA)

\_\_\_ Charge \$ \_\_\_\_\_ to my

\_\_\_ Visa \_\_\_ MC \_\_\_ AmEx

Card # \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature \_\_\_\_\_

**Return Registration and Deposits to:**

YMCA Camp Loma Mar  
 9900 Pescadero Creek Road  
 Loma Mar CA 94021  
 or fax to 650 879 2101