



2012 OCKANICKON AND MATOLLIONEQUAY OVERNIGHT CAMP REGISTRATION FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mail Registration Form and Payment to:

**YMCA Camp Ockanickon, Inc. 1303 Stokes Road, Medford, NJ 08055 or Register online at www.ycamp.org
For more information, call 609-654-8225 or 800-442-2267 • fax 609-654-8895 • info@ycamp.org**

CAMPER INFORMATION

PLEASE PRINT CLEARLY- This is camp's permanent record

Last Name	First Name	<input type="checkbox"/> Returning Camper
Birth Date	Current School Name	Grade Entering Sept. 2012
Shirt Size	Circle One: Youth S M L Adult S M L XL	

FAMILY INFORMATION

Applies to the Parent/Guardian with whom the camper legally lives. Joint/Non-custodial parent information is below.

Camper Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name
	First Name	First Name
City	Home Phone	Home Phone
State Zip	Work Phone	Work Phone
JOINT/NON-CUSTODIAL FAMILY	Cell Phone	Cell Phone
Has there been a divorce/separation?	Employer's Name	Employer's Name
<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation	Occupation
If yes, who has custody? (Print joint if applies)	Email (Required)- Camp Forms will be e-mailed	Email (Required)- Camp Forms will be e-mailed

The joint/non-custodial parent should:	EMERGENCY CONTACTS <i>List two contacts other than parent(s)/guardian(s)</i>	
<input type="checkbox"/> Be contacted in the event of emergency	Name	Name
<input type="checkbox"/> Receive duplicate mailings	Relationship	Relationship
<input type="checkbox"/> Receive invoice	Home Phone	Home Phone
If you answered yes to any question above, please complete all information below.	Work Phone	Work Phone
	Cell Phone	Cell Phone

JOINT/NON-CUSTODIAL PARENT

CAMP REFERRAL INFORMATION

Last Name	<i>Please consider referring a new family to camp. If the referred family signs up for camp, you <u>and</u> the referred family will each receive a \$25 gift certificate to the Camp Store. The referred family must be a first-time camper.</i>		
First Name			
Home Phone	PLEASE SEND A REGISTRATION FORM TO: (Use additional sheets for multiple referrals)		
Work Phone	Name		
Cell Phone	Address		
Address	City	State	Zip
	Email		
City	IF YOU HAVE BEEN REFERRED TO CAMP, PLEASE INDICATE WHO REFERRED YOU <i>(To receive your \$25 gift certificate this section must be completed)</i>		
State Zip	Name		
Email	Address		

PARTICIPATION AGREEMENT AND FINANCIAL TERMS

Please read very carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.

I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. **Any balances owed on June 15, 2012 will be automatically charged to the credit/debit card on file unless alternative arrangements are made.** Registrations received after June 15, 2012 must be accompanied by payment in full unless alternative arrangements have been made. Refunds on amounts paid, less deposit and a \$20 fee, may be approved up to June 15, 2012. Refunds will be made in the same form that payment was made. There are no refunds available after June 15, 2012. **I/We understand that I/we are allowed one change of session per family at no cost.** Thereafter, a \$35 fee for each change request will be applied. I/We understand that no refunds are given if a child leaves camp early because of homesickness or for disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms and the YMCA Camp Ockanickon, Inc. Program Waiver are required as a condition of participation in the camp programs.

OVER PLEASE →

Signature	Printed Name	Date
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Camper Last Name	First Name
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Please check the box of the camp you wish to attend	<input type="checkbox"/> Ockanickon for Boys	<input type="checkbox"/> Matollionequay for Girls
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LEVELS & RATES <i>(Please check Level A, B or C)</i>	LEVEL PRICING EXPLAINED	1 week	2 weeks
<input type="checkbox"/> LEVEL A	The three-level system is an "honor system" designed to make overnight camp more affordable and accessible. We developed this because of the tough economic times we continue to face as a country. As this system is based on a mutual trust between camp and our families, it is important to understand that Levels B & C are below the true cost of camp for your child. We ask that parents who can afford to pay Level A please do so. All chosen levels are confidential and all children will receive the same camp experience, regardless of level chosen. Larger scholarships are also available by applying for needs-based financial assistance. Thank you.	\$660 <i>Same price as 2011!</i>	\$1,300 <i>Same price as 2011!</i>
<input type="checkbox"/> LEVEL B		\$635 <i>Same price as 2011!</i>	\$1,250 <i>Same price as 2011!</i>
<input type="checkbox"/> LEVEL C		\$610 <i>Same price as 2011!</i>	\$1,200 <i>Same price as 2011!</i>

SESSIONS & DATES	RATE PER SESSION	Session 1 6/24 to 6/29	Session 2 7/1 to 7/13	Session 3 7/15 to 7/27	Session 4 7/29 to 8/10	Session 5 8/12 to 8/17
One Week Overnight Camp <i>Ages 7 to 16</i>	\$610 - \$660	<input type="checkbox"/>				<input type="checkbox"/>
Two Week Overnight Camp <i>Ages 7 to 16- Back to Age 7!</i>	\$1,200 - \$1,300		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RANGERS <i>Additional Application Required</i>	RATE	Ranger: 14-16 year olds. Off Camp Adventure Trips- Appalachian Trail Hike/Delaware River Canoeing.				Download application at www.ycamp.org .
Two Week Ranger Program	\$1,370 <i>Same price as 2011!</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIT & CIT <i>Additional Application Required</i>	RATE	LIT Program: 15 yrs old & completed 9 th Grade. CIT Program: 16 yrs old & completed 10 th Grade.				Download application at www.ycamp.org .
Three Week Leader in Training <i>(Changeovers Excluded)</i>	\$1,830 <i>Same price as 2011!</i>				<input type="checkbox"/> Sessions 4 & 5	
Five Week Counselor in Training <i>(Changeovers Excluded)</i>	\$2,200 <i>Same price as 2011!</i>	<input type="checkbox"/> Sessions 1, 2 & 3				
OPTIONS	RATE	All options must be paid in full at the time of registration. You may register for options at any time. All options are first-come, first-served.				
One Week Horseback Riding <i>1 hour daily, minimum age 8</i>	\$190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Weeks Horseback Riding <i>1 hour daily, minimum age 8</i>	\$375		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changeover Weekend <i>Back for 2012!</i>	\$250	<input type="checkbox"/> Ses 1 to 2	<input type="checkbox"/> Ses 2 to 3	<input type="checkbox"/> Ses 3 to 4	<input type="checkbox"/> Ses 4 to 5	
Welcome to Camp Kit	\$30	<input type="checkbox"/> Welcome kit includes: flashlight, water bottle, pen, dog tag and much more!				
Strong Kids Campaign	Discretionary	Give a child the gift of confidence, character, fun and friends. Your tax-deductible contribution provides children with the financial resources necessary to attend camp.				

CALCULATE YOUR TOTAL FEE

Total Price of Session(s) \$ _____

LESS

5% Pay-In-Full Discount \$(_____)
(Only if paid in full by 2/15/12)

25% Military Discount \$(_____)
(See www.ycamp.org for details)

TOTAL SESSION FEES \$ _____

PLUS

Horseback Riding \$ _____

Changeover Weekend(s) \$ _____

Welcome Kit \$ _____

Camp Store (\$25/wk recommended) \$ _____

SKC Contribution \$ _____

LESS

One-Time Sibling Discount \$(_____)
*You may take \$50 off for each child after the 1st registered.
Discount limited to one per child. List child(ren) below.*

Multiple Session Discount \$(_____)
Take a \$50 discount per added 2-week session and \$25 per added 1- week session. Valid at initial registration only.

TOTAL CAMP FEE \$ _____

PAYMENT INFORMATION

Pay in full by 02/15/12 and receive a 5% discount from your session fees!

[] I wish to pay the total camp fees of \$ _____ now.

[] I wish to pay a non-refundable deposit of \$250 per session plus full payment for any Options (*Horseback, Changeover, etc...*). I will pay my balance by 6/15/2012.

[] I wish to pay a non-refundable deposit of \$250 per session plus full payment for any Options (*Horseback, Changeover, etc...*) **AND** please enroll me in a payment plan. I understand that my remaining balance will be charged in equal amounts on the 15th of each month until 6/15/2012 when the final balance will be charged. **After 6/15, please call the Registrar at 609-654-8225 for payment plan arrangements.**

[] Check (*Made payable to YMCA Camp Ockanickon, Inc.*) **or** charge \$ _____ to my:

[] Visa [] M/C [] AMEX [] Discover Exp Date _____ Sec Code _____

Card # _____

Billing Address _____

Name on Card _____

Signature _____ Phone _____

***** By signing above, I/we understand that any balances owed on June 15, 2012 will be automatically charged to the credit/debit card on file unless alternative arrangements have been made. *****