



Register

YMCA Deaf and Hard-of-Hearing Family Camp

May 22-24, 2009

Please contact Melanie Doyle if you have any questions regarding registration:
 Phone & Fax: (858) 455-7571 or mdoyle3@san.rr.com

**Register by April 30th
to guarantee a spot.**

After April 30th there will be a cancellation fee of \$20/person and late fees of \$15/person for weekend registrations and \$5/person for day-only.

	Fri-Sun	Sat Day	Prefix	First Name	Last Name	Shirt Size
Parent 1:	___	___	Mr. Mrs. Ms. Dr.	_____	_____	S M L XL XXL
Parent 2:	___	___	Mr. Mrs. Ms. Dr.	_____	_____	S M L XL XXL
Address _____						
City _____ State _____ Zip _____						
Home Phone (please circle) Parent 1 _____ Parent 2 _____						
Cell Phone Parent 1 _____						
Cell Phone Parent 1 _____						
Email _____						

Fri-Sun	Sat Day	Children's names	H/HH/D*	Age	Gender	T-Shirt Size**
___	___	_____	H / HH / DD	_____	Male / Female	_____
___	___	_____	H / HH / DD	_____	Male / Female	_____
___	___	_____	H / HH / DD	_____	Male / Female	_____
___	___	_____	H / HH / DD	_____	Male / Female	_____
___	___	_____	H / HH / DD	_____	Male / Female	_____

H=Hearing, HH=Hard-of-Hearing, D=Deaf
 **T-Shirt Sizes: Child XS (2-4) Child S (6-8) Child M (10-12) Child L (14-16) Adult S Adult M Adult L

Credit Card Details

Credit Card Type: _____ Credit Card Number: _____
 Name on Card: _____ Expiration Date: (mm/yyyy) _____
 By signing at right, I agree to pay the registration amounts according to card issuer agreement. I further affirm that the name and personal information provided on this form are true and correct; and I am an authorized signer on this account. V Code: _____
 Signature _____

Our family will need an interpreter (we will do our best to accommodate you):

_____ Sign language
 _____ Spanish
 _____ Other (specify) _____

Other Special Needs: _____

Child's School District: _____

Name of family you would like to bunk with (no guarantees...we'll do our best!): _____

Camp Scholarship

Family Camp has a limited number of scholarships available, based upon need, to assist those families who would not otherwise be able to attend camp. Please complete the information below

_____ Yes, my family needs to be considered for a scholarship to be able to attend camp.
 Please provide additional details on a separate piece of paper regarding why your family should be considered, including any pertinent financial circumstances.

Return completed forms to Melanie Doyle:
3155 Galloway Drive
San Diego, CA 92122

OR Fax: (858) 455-7571