

# 2010 OCKANICKON AND MATOLLIONEQUAY OVERNIGHT CAMP REGISTRATION FORM

**Mail Registration Form and Payment to:**

**YMCA Camp Ockanickon, Inc. 1303 Stokes Road, Medford, NJ 08055 or Register Online at [www.ycamp.org](http://www.ycamp.org)  
For more information, call 609-654-8225 or 800-442-2267 • fax 609-654-8895 • [info@ycamp.org](mailto:info@ycamp.org)**

CAMPER INFORMATION <span style="float: right;"><i>PLEASE PRINT CLEARLY- This is camp's permanent record</i></span>		
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Returning Camper
Birth Date	Current School Name	Grade Entering Sept. 2010
Shirt Size      Circle One:    Youth    S    M    L      Adult    S    M    L    XL		
FAMILY INFORMATION <span style="float: right;"><i>Applies to the Parent/Guardian with whom the camper legally lives. Non-custodial parent information is below.</i></span>		
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
NON-CUSTODIAL FAMILY		
Has there been a divorce/separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Name
	Occupation	Occupation
If yes, who has custody? _____	<b>Email (Required)- Camp Forms will be e-mailed</b>	<b>Email (Required)- Camp Forms will be e-mailed</b>
Please check all that apply below. The non-custodial parent should:	EMERGENCY CONTACTS <span style="float: right;"><i>List two contacts <u>other than</u> parent(s)/guardian(s)</i></span>	
<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
NON-CUSTODIAL PARENT      ADDITIONAL INFORMATION <span style="float: right;"><i>Your feedback in this section is very important to us</i></span>		
Last Name	Please tell us how you originally heard about our camp. Please be specific and check all that apply.	
First Name	<i>Print Advertisement</i>	<i>Internet</i>
Home Phone	<input type="checkbox"/> Magazine/Ad    Name:	<input type="checkbox"/> mysummercamps.com <input type="checkbox"/> gocamps.com
Work Phone	<input type="checkbox"/> School Flyer    School:	<input type="checkbox"/> campchannel.com <input type="checkbox"/> ACA website
Cell Phone	<input type="checkbox"/> Flyer in a YMCA    YMCA:	<input type="checkbox"/> YMCA website <input type="checkbox"/> Other:
Address	<input type="checkbox"/> Camp Fair    Which fair:	
	<input type="checkbox"/> Attended other camp program    Which program:	
City	<i>Word of Mouth Referral    We heard about your camp through:</i>	
State                  Zip	<input type="checkbox"/> A friend who attended camp	<input type="checkbox"/> Other:
Email	<input type="checkbox"/> A relative who attended camp    Who specifically?	
PARTICIPATION AGREEMENT AND FINANCIAL TERMS		
<b><i>Read carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.</i></b>		
<p>I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. I/We agree to pay the balance of the camp fees and return all required forms on or before May 1, 2010. I/We understand that reserved space cannot be held past that date without full payment and completion of all forms. Refunds on amounts paid, less non-refundable deposit and a \$20 fee, may be approved up to May 1, 2010. Refunds will be made in the same form that payment was made. There are no refunds available after May 1, 2010. <b>I/We understand that I/we are allowed one change of session per family at no cost.</b> 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 execution of the YMCA Camp Ockanickon, Inc. Program Waiver are required as a condition of participation in our camp programs.</p>		
<b>OVER PLEASE →</b>		
Signature	Printed Name	Date

<b>Camper Last Name</b>		<b>First Name</b>	
Please check the box of the camp you wish to attend		<input type="checkbox"/> Ockanickon for Boys	<input type="checkbox"/> Matollionequay for Girls
<b>LEVELS &amp; RATES</b>	<b>CHOOSE THE LEVEL THAT IS BEST FOR YOU</b> <i>Please check the box of the level you are choosing</i>	1 week	2 weeks
<input type="checkbox"/> LEVEL A	The actual cost of camp for a child to participate, including programs, staff, supplies, food, maintenance and improvements.	\$635	\$1,250
<input type="checkbox"/> LEVEL B	A partially subsidized rate for those that can afford to support the camp experience, but not pay the actual cost of camp.	\$610	\$1,200
<input type="checkbox"/> LEVEL C	A more fully subsidized rate for camp. Contributions to camp and fund-raising efforts enable us to offer this rate for those that need it.	\$585	\$1,150

PROGRAMS & DATES	RATE PER SESSION	Session 1	Session 2	Session 3	Session 4	Session 5
		6/27 to 7/2	7/4 to 7/16	7/18 to 7/30	8/1 to 8/13	8/15 to 8/20
One Week Overnight Camp <i>Ages 7 to 16</i>	\$585 - \$635	<input type="checkbox"/>				<input type="checkbox"/>
Two Week Overnight Camp <i>Ages 7 to 16</i>	\$1,150 - \$1,250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>RANGERS</b> <i>Additional Application Required</i>	RATE	Ranger: 14-16 year olds. Off Camp Adventure Trips- Appalachian Trail Hike/Delaware River Canoe.				Download application at <a href="http://www.ycamp.org">www.ycamp.org</a> .
Two Week Ranger Program	\$1,320		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LIT &amp; CIT</b> <i>Application Required</i>	RATE	LIT Program: 15 yrs old & completed 9 <sup>th</sup> Grade. CIT Program: 16 yrs old & completed 10 <sup>th</sup> Grade.				Download application at <a href="http://www.ycamp.org">www.ycamp.org</a> .
Three Week LIT Program <i>(Changeovers Excluded)</i>	\$2,015				<input type="checkbox"/> Sessions 4 & 5	
Five Week CIT Program <i>(Changeovers Excluded)</i>	\$2,015	<input type="checkbox"/> Sessions 1, 2 & 3				
<b>OPTIONS</b>	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>	\$175	<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>	\$350		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One Week Horsemanship <i>2 hours daily, minimum age 8</i>	\$245		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Two Weeks Horsemanship <i>2 hours daily, minimum age 8</i>	\$490		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changeover Weekends <i>Must be registered in both sessions</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	

PAYMENT INFORMATION	CALCULATE YOUR FEE
<b>Pay in full by 12/31/09 and receive a 5% discount from your session fees!</b>	
<input type="checkbox"/> I wish to pay the total camp fees now.	Total Price of Session(s) \$ _____
<input type="checkbox"/> I wish to pay a non-refundable deposit of \$250 per session plus full payment for any options.	<b>5% Pay-In-Full Discount</b> \$(_____) <i>(Only if paid in full by 12/31/09)</i>
<input type="checkbox"/> Please enroll me in the payment plan. I understand that my remaining balance will be charged in equal amounts on the 1 <sup>st</sup> of each month until 5/1/10.	<b>PLUS</b>
<input type="checkbox"/> Check (Made payable to YMCA Camp Ockanickon, Inc.)	Horsemanship \$ _____
<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Exp Date _____ Sec Code _____	Changeover Weekends \$ _____
Card # _____	Camp Store (Trading Post) \$ _____ <i>(\$25 per week recommended)</i>
Billing Address _____	<b>LESS</b>
Name on Card _____	<b>One-Time Sibling Discount</b> \$(_____) <i>(\$50 per child after one- list children below)</i>
Signature _____ Phone _____	<b>Multiple Session Discount</b> \$(_____) <i>(\$50 for each additional 2-week session)  (\$25 for each additional 1-week session)</i>
	<b>TOTAL CAMP FEE</b> \$ _____