



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA Camp Flaming Arrow Camp Rekindle Registration Form January 5-7, 2018

Please completely fill out this registration (one form per family) and return it to YMCA Camp Flaming Arrow, P.O. Box 770, Hunt, TX 78024. There is a non-refundable, \$100 registration fee per person for the weekend. Any questions, problems, or concerns please call our office at (830) 238- 4631 or email juliac@ymcasatx.org

PLEASE PRINT IN INK **PARTICIPANTS MUST BE AT LEAST 8 YEARS OLD TO ATTEND**

Camper Name:	Gender:	Age:	T-shirt Size:
Camper Name:	Gender:	Age:	T-shirt Size:
Camper Name:	Gender:	Age:	T-shirt Size:
Camper Name:	Gender:	Age:	T-shirt Size:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email*: _____

*E-mail is our main source of communication. You will receive email confirmation upon receipt of registration and payment including release forms, health forms, packing list, etc.

Arrival: All participants are asked to arrive between 6:00 and 7:00 pm on Friday. ***Dinner is not served;*** please eat prior to arrival. If you need to arrive later, please call us to make arrangements.

Departure: The retreat ends at 11:00 am on Sunday. All participants must be picked up no later than 11:30 am. ***Lunch is not served.***

Number of Participants X \$100 = \$ _____ (Cost of Rekindle)

We would like to donate to the Y Partners scholarship fund to assist children attending summer resident camp.

(Circle amount) \$10 \$20 \$30 \$50 \$75 \$100 Other _____ You may enclose the amount now or be billed later.

Check enclosed: \$ _____ Charge my card: (circle one) MC Visa Disc AmEx

Card # _____ Exp. _____ Amount \$ _____

I understand that I must pay in full for the number of participants registered on this form or actual attendance (if additional participants are added); whichever is higher. I understand that all participants must complete release and health information forms (parents/guardians must sign for minors). I understand that I am responsible for completing all forms and turning them in with emergency contact information at check in.

Parent/Guardian Signature: _____ Date: _____

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.