



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA Camp Cherokee
2020 Registration Form
Robert Hope Family Camp Weekend
May 8th-10th, 2020**

Family Contact Information: _____
Family Representative Name: _____
Mailing Address: _____
City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Including yourself, please list those participating in the weekend. List DOB & circle age group. Specify Adult or Youth T-shirt size (XS, S, M, L, XL, and XXL)

Name: _____ DOB: _____ 0-5 6-14 15+ T-shirt size: _____
Name: _____ DOB: _____ 0-5 6-14 15+ T-shirt size: _____
Name: _____ DOB: _____ 0-5 6-14 15+ T-shirt size: _____
Name: _____ DOB: _____ 0-5 6-14 15+ T-shirt size: _____
Name: _____ DOB: _____ 0-5 6-14 15+ T-shirt size: _____

Bunkmate Request Information (Please list the individuals or family you wish to bunk with):

Name: _____ Family: _____

Contact Person: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Other Information:

Dietary Needs: _____ Allergies: _____

Other Requests: _____

Number of Participants	Ages	2020 Price
_____	15+	\$85 per person
_____	6-14	\$75 per person
_____	0-5	\$0 per person
_____	CANOPY TOUR	\$45 per person (must be between 75 – 250 pounds)

PAYMENT OPTIONS: PLEASE CHECK ONE

I would like to have my credit card charged for the full amount of \$_____.

I have a check enclosed for the full amount of \$_____.

Billing Information:

Name on Card: _____

Card Type: Visa American Express Discover MasterCard

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

Credit Cards will be charged when the registration form is processed.

PLEASE MAIL ALL APPLICATIONS TO:

YMCA Camp Cherokee
402 Charlotte Avenue
Rock Hill, SC 29730

QUESTIONS or CONCERNS?

Contact Amy Counterman at
Phone: 803.329.9622 x 253
Email: amycounterman@upymca.org

REFUNDS, CHANGES & CANCELLATIONS

All fees are expected to be paid in full upon registration. Registrations without full payment will not be processed. Please keep a copy of your payments made. All cancellations made within 2 weeks prior to your scheduled session will forfeit your entire payment. All changes and cancellations must be made IN WRITING.

I understand that whoever completes/signs the registration form will be held responsible for all payments to be made regarding the Robert Hope Family Camp Weekend. Also, no party, other than the participant, will be permitted to alter any information in this registration. Any changes that need to be made will be made in writing and submitted directly to the camp office personnel by the participant.

Signature: _____

Date: _____