

YMCA CAMP CHEROKEE ENVIRONMENTAL EDUCATION

Program Registration Form

This registration form must be completed and sent to YMCA Camp Cherokee **six weeks prior** to your confirmed trip date.

Name of School _____

Has your school attended Camp Cherokee before? Yes / No If yes, how many years? _____

Address _____ City _____ State _____ Zip _____

School Phone _____ School Fax _____

Trip Leader _____ Email Address _____

Cell Phone _____ Best time to contact _____

Will the trip leader be at YMCA Camp Cherokee? Yes ___ No ___

If not, who will be the Trip Leader on the day of the trip?

Name: _____ Phone # _____

School's Suggested Dates: Day _____ Date(s): _____

Classes chosen: _____

Will you need transportation? Yes ___ No ___

Class #1 Teacher Name: _____ # Attending: _____

Class #2 Teacher Name: _____ # Attending: _____

Class #3 Teacher Name: _____ # Attending: _____

Class #4 Teacher Name: _____ # Attending: _____

Total # of students attending: _____

Please list the goals you have for your students while at YMCA Camp Cherokee's Environmental Education Program.



QUESTIONS?

Contact Will Gilmore
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