



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Camp Jorn YMCA  
2017 FAMILY CAMP REGISTRATION FORM  
August 13 – 19, 2017**

<b><u>Deluxe Cabins</u></b>	<b><u>Cabin/Yurt</u></b>	<b><u>Platform Tent</u></b>	<b><u>Own Tent/Trailer</u></b>
\$1,780 / week	\$1,585 / week	\$1,570 / week	\$1,425 / week
<b><u>Nash Lodge</u></b>			
\$1,090 / week per room			
All prices include 4 people, see per person fee for additional guests			
<b>Per Person Fee</b>			
Age 19 +	\$550		
Age 10 - 18	\$425		
Age 4 - 9	\$325		
Age 3 and below	Free		

Dogs are permitted only in regular cabins, yurts and tents. There is a \$50 additional fee per dog, per week

Submit registration form with **\$200** deposit to reserve your space.

**Cabin preference: A map is included; please list three units and we will do our best to honor your preference. Applications are considered on a first come/first served basis.**

1) \_\_\_\_\_ 2.) \_\_\_\_\_ 3) \_\_\_\_\_

Billing Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Payment Method: Credit Card  Check  Cash   
 Disc / MC / Visa # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Names of adults/children staying in cabin/tent			
Name: _____	Age(of kids) _____	Birth date _____	\$ _____ (cabin fee)
Name: _____	Age(of kids) _____	Birth date _____	
Name: _____	Age(of kids) _____	Birth date _____	
Name: _____	Age(of kids) _____	Birth date _____	\$ _____
Name: _____	Age(of kids) _____	Birth date _____	\$ _____
Name: _____	Age(of kids) _____	Birth date _____	\$ _____
Name: _____	Age(of kids) _____	Birth date _____	\$ _____
Dog: Yes _____			\$ _____
<b>Total Due:</b>			<b>\$ _____</b>

Please continue to the next page. Signature required.

**Waiver Information:** I understand that although Camp Jorn YMCA has taken reasonable steps to provide my family with appropriate training, equipment and skilled staff for their experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of these activities. Such risks include, but are not limited to, those associated with canoeing, backpacking, waterfront activities, horseback riding, wildlife vehicle transportation, and other components of the camp experience. Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the Camp Jorn YMCA, their representatives and successors for all claims or liabilities of any kind arising out of my family's participation in this camp experience. I have read the descriptions of the session, understand the requirements for participation, and give my family permission to participate. I assume and accept full responsibility for their participation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Plan and Agreement:** It is understood that a non-refundable, non-transferable deposit of **\$200 per family, per session** is required with registration to hold a cabin. The deposit will be credited as part of the camp fee and the balance of the **total fee is due two weeks prior to the start date (July 30th)**. If payment is late, only cash or a certified check will be accepted. The balance is refundable only if canceled one month prior to camp or for a bonafide medical reason and must be requested in writing to the Camp Jorn office. Refunds are not issued to families who choose to go home early.

We hope to adequately accommodate all families who wish to attend a Camp Jorn YMCA family camp session. We appreciate your help with this process! Any questions please call our office at 715-543-8808

**Send form to:**

Camp Jorn YMCA  
Attn: Registration  
P.O. Box 430  
Manitowish Waters, WI 54545

Fax to:  
715-543-2390  
Scan & Email to:  
[emir@campjornymca.org](mailto:emir@campjornymca.org)