

YMCA Camp Pepin ♦ Family Camp Registration Form

3 Ways to Register!

By Mail:

**Red Wing Family YMCA
Camp Pepin
434 Main St.
Red Wing, MN 55066**

By Phone:

(651) 388-4724

By Fax:

(651) 388-5340

Please print below all requested information.

Name _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Others who will be attending with me (Name, Birthday, Relation):

1. _____

2. _____

3. _____

4. _____

Do you have any prior affiliation with Camp Pepin (e.g., camper, staff member, volunteer, family of alumni, etc.)? If so, what year(s) were you at camp or have you been involved with camp?

What accommodations would you prefer? (check one):

_____ We would like a cabin and understand that we will be sharing a cabin with other families; please choose our cabinmates for us.

_____ We would like to request sharing a cabin with _____.
(Name of person or family)

_____ We will be bringing a tent and staying at a campsite at Camp Pepin.

_____ We will be providing our own accommodations.

Please note that we cannot accept reservations for specific cabins, as cabins are assigned according to availability and to the nature of each family group.

Cost:		# Attending	Total \$
Adult rate - includes overnight in cabin and 3 meals	\$55 per person	.....	.....
Youth rate (17 & under) - includes overnight in cabin and 3 meals	\$45 per person	.....	.....
Toddler rate (3 and under)	Free	.....	.....
Camping rate (Adult and Youth) - includes campsite at Camp Pepin and 3 meals	\$35 per person (Toddlers 3 and under are Free)	.....	.....
Day rate (Adult and Youth) - includes 3 meals with no overnight accommodations at camp	\$30 per person (Toddlers 3 and under are Free)	.....	.....
Donation to Campership Fund	Optional		.....
COMBINED TOTAL		.....	.....

All registrations are required to be paid in full upon submission. Registration fees may be paid with Visa or MasterCard. After registration, an information packet will be sent to each family group prior to the start of Family Camp.

Please indicate your preferred method of payment.

_____ My payment for the combined total listed above is enclosed.

_____ Please charge my credit card for the combined total listed above.

Visa ___ MasterCard ___ Discover _____ Card Number _____ Exp. Date _____

Important! This section must be signed by an adult before registration can be accepted.

In the event of cancellation 14 days prior to the Family Camp, or dismissal or withdrawal on account of any other cause, except illness requiring the attention of a physician, I will pay the camp fee in full. I agree to waive any claims against the YMCA, its employees, and its volunteers for injuries or damages that may result from the conduct of other persons including participant in YMCA programs. I will notify the camp director if any of my group members have any serious restrictions related to their participation in the Pepin program. I hereby give permission for YMCA Camp Pepin to use for promotional purposes any photos of me or my group members while involved in camp activities. As the acting representative of my group, I have read and agree to all the conditions of this registration.

Signature _____ Date _____

Payment information - for use of office personnel only, please.

Date	Amt. Paid	Balance	Other