



GREAT HOLLOW CAMPS 2009
225 Route 37, New Fairfield, CT 06812
(203) 746-5852 / Fax (203) 746-1232
www.greathollow.org

Participant's Name _____
 (Participant must be 5 years old) First _____ Last _____
 Date of Birth ____/____/____ Age: _____ Sex: _____

PLEASE CHECK WHICH CAMP AND WEEKS YOU ARE ATTENDING

Young Adventurers Camp (Ages 8-10) June 29 – August 7 (8 a.m.-5 p.m.) \$300 per week

Week 1 6/29-7/2 (4 days \$240) **Week 3** 7/13-7/17 **Week 5** 7/27-7/31
Week 2 7/6-7/10 **Week 4** 7/20-7/24 **Week 6** 8/3-8/7

T.E.A.M. Survivor Camp (Ages 11-13) June 29 – August 7 (8 a.m.-5 p.m.) \$300 per week

Week 1 6/29-7/2 (4 days \$240) **Week 3** 7/13-7/17 Overnight \$30 **Week 5** 7/27-7/31 Overnight \$30
Week 2 7/6-7/10 Overnight \$30 **Week 4** 7/20-7/24 Overnight \$30 **Week 6** 8/3-8/7 Overnight \$30

Nature's Chorus – Riversong (Ages 5-7) June 29 – July 31 (9 a.m.-1 p.m.) \$150 per week

Week 1 6/29-7/2 (4 days \$120) **Week 3** 7/13-7/17 **Week 5** 7/27-7/31
Extended Care AM Only
Week 2 7/6-7/10 **Week 4** 7/20-7/24 8am-9am \$25 per week

Nature's Chorus – Evergreen (Ages 8-15) July 6 – August 7 (9 a.m.-4 p.m.) \$275 per week

Week 1 7/6-7/10 **Week 3** 7/20-7/24 **Week 5** 8/3-8/7 Overnight \$30
 *Natural Awareness *Lives of Plants & Animals *People in Nature
Extended Care
Week 2 7/13-7/17 **Week 4** 7/27-7/31 Overnight \$30 8 a.m.-9 a.m. \$25 per week
 *Wetlands *Ancient Crafts & Skills 4 p.m.-5 p.m. \$25 per week

Teen Programs (Ages 13-16)

Naturalist in Training Program – June 29 – July 2 \$400
 Whitewater Kayaking – July 13 – July 17 \$550
 Backpacking – July 13 – July 17 \$550
 Whitewater Kayaking – July 20 – July 24 \$550

Please complete application on reverse side

Participant's Name _____
First Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____ Work Phone: _____

Father's Name: _____ Employer: _____ Work Phone: _____

E-Mail: _____

Alternate Emergency Contacts (other than parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Are there any special diet or health requirements? _____

Returned checks will be subject to a \$30 service charge. I agree and understand that a refund will be granted if the Y is notified ten (10) days prior to the Camp week for which my child is registered. I further understand that any changes resulting in a credit or refund will result in a \$15 service charge.

Signature of Parent/Guardian _____ Date _____ Receipt # _____

How did you hear about our camp? _____

**ALL CAMP ACTIVITIES SUBJECT TO WEATHER, STAFFING & OTHER CONDITIONS.
CAMP IS HELD RAIN OR SHINE!**

Child's Name: _____ Parent's Name: _____

Name on Card: _____

CHECK ONE: Check Visa MasterCard American Express

CARD NUMBER: _____ Expiration Date: _____

PLEASE FILL OUT THE TABLE BELOW - ONLY IF YOU NEED TO POST-DATE YOUR PAYMENT (note change below)

Post-Dated Payments

Please note that this payment schedule is strictly for the use of credit/debit cards ONLY. All credit/debit card charges will be made in accordance with the schedule below. Your child will not be registered for any weeks which payment or post-dated payment information has not been received.

Weeks				Payment Date	Total
2 & 3	\$			July 1, 2009	
4 & 5	\$			July 15, 2009	
6	\$			July 29, 2009	

Changes /Comments: _____

I give permission for the Regional YMCA of Western Connecticut to use the credit card above to make post-dated payments for Great Hollow Wilderness School Camp. I understand that charges will be made to my credit card according to the above stated schedule.

Signature: _____ Date: _____



Regional YMCA of Western Connecticut
We build strong kids, strong families, strong communities