

2003 REGISTRATION FORM

Please return with a \$75.00 non-refundable deposit for each session. Make checks payable and mail to:
YMCA Camp Winona, 898 Camp Winona Road, DeLeon Springs, FL 32130.

Any questions, problems or concerns please call the camp office at (386) 985-4544 or email at:
ywinona@bellsouth.net

(Please print with ink only)

Today's Date _____

Camper's Full Name _____

Gender (M/F) _____ Age (at Camp) _____ Date Of Birth _____

Camper's Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Email _____

School Attended _____ Grade Next Fall _____

Attended Camp Winona Before? Yes _____ No _____ What Years? _____

First Year Campers: I Heard About Camp Winona From _____

If Mother and Father Do Not Live Together, With Whom Does The Child Live? _____

Mother's Name _____ Father's Name _____

Mother's Employer _____ Father's Employer _____

Mother's Work Phone _____ Father's Work Phone _____

Authorized Person(s) Picking Up Camper _____

Emergency Contact (Relationship) _____

Emergency Phone _____

Cabin Mate Request(s) 1. _____ 2. _____

List Any Friends (Name and Address) you would like us to send a brochure to: _____

Please see the reverse side of this form for additional registration and session information...



YMCA

Camp Winona

To Parent/Guardian:

I HEREBY APPLY for a reservation for my child at YMCA Camp Winona. Enclosed you will find the required non-refundable deposit of \$75.00 for each session which I understand will be credited to my child's camp fees. I agree to pay the total camp dues. I understand the terms covering payment of camp dues, and hereby give my approval and consent to the application.

I GIVE MY CONSENT for full participation by the camper in all approved Camp Winona activities including authorized scheduled trips out of camp. I release Camp Winona and the Daytona Beach YMCA from liability in connection with unavoidable accidents, illness, and necessary medical treatment. It is further agreed that the YMCA assumes no responsibility for loss of camper's personal property.

I AUTHORIZE the YMCA to have and use the photographs, slides, moving picture, or television video tapes of the person named on this application for its records or public relations programs.

Parent/Guardian Signature _____ Date _____

Please Check Session(s)

	Mini-Camp	Session 1	Session 2	Session 3	Session 4	Session 5
Camp Winona _____	()	()	()	()	()	()
Equestrian Camp _____		()	()	()	()	()
Ropes Course _____		()	()	()	()	()
Adventure Camp _____		()				
Adventure Camp Plus _____				()		
Tennessee Adventure _____					()	
L.I.T. _____			()		()	()
Weekend Stay Over _____		()	()	()	()	

For Credit Card Payment Visa _____ Master Card _____ Card Number _____

Exp. Date _____ Amount of Charge \$ _____ Signature _____



2003