

YMCA CAMP ALDEN/CAMP BLANCHARD REGISTRATION FORM

Camper Last Name: _____ First Name: _____ DOB: _____ Grade as of 9/09: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Evening Phone: _____

Evening Phone: _____

Email: _____

Email: _____

Are you currently a YMCA of Central Massachusetts member? **YES** **NO** (Prices are for members / potential members)

CAMP BLANCHARD									
Week	1	2	3	4	5	6	7	8	9
Campers Gr. 1-7 8:00-5:30	6/29-7/3 <input type="checkbox"/> \$175/195	7/6-7/10 <input type="checkbox"/> \$175/195	7/13-7/17 <input type="checkbox"/> \$175/195	7/20-7/24 <input type="checkbox"/> \$175/195	7/27-7/31 <input type="checkbox"/> \$175/195	8/3-8/7 <input type="checkbox"/> \$175/195	8/10-8/14 <input type="checkbox"/> \$175/195	8/17-8/21 <input type="checkbox"/> \$175/195	8/24-8/28 <input type="checkbox"/> \$175/195

CAMP ALDEN									
Week	1	2	3	4	5	6	7	8	9
Voyagers Age 4 - K 8:00-5:30	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205	<input type="checkbox"/> \$185/205
Campers Gr. 1-7 8:00-5:30	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195	<input type="checkbox"/> \$175/195
Express Option 9am - 3pm	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140	<input type="checkbox"/> \$130/140

EXTENDED CARE									
Week	1	2	3	4	5	6	7	8	9
**Before Camp 7:30 - 8am	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15
**After Camp 5:30-6pm	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15

*Before/After Camp Club: Available for Camp Alden and Camp Blanchard campers using the Murray Ave. bus stop

Deposit Payment

A non-refundable, non-transferable deposit of \$15 per child, per week is required at registration. This amount will be applied to each week's balance. See Brochure for payment deadlines. A two-week notice is required to change camp weeks.

Cash Check Charge Amt. Enclosed: \$ _____



Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____ Date: _____