



2019 CAMP Y-ZONE SUMMER CAMP

Snack Shack & Friday Pizza Lunch Registration Form *(no on-line registration available)*

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name : _____ Male/Female (Circle One)

Grade in Sept. 2019 _____ Phone: () _____

Please note: Directors, Counselors, and the YMCA are not responsible for lost snack shack money brought in by the campers. Campers may bring \$1.00/day and purchase Snack Shack. Pizza is supplied by Lovey's Pizzeria.

Snack Shack (M-F)
\$5.00 per week/\$1.00 per day
[Snacks include ice pops, chips, cookies, fruit snacks, etc.]

Pizza Friday
(Camper receives 2 slices of pizza and a bottle of water).
Price = \$6.00/each Friday

Total
(Snack Shack + Pizza Friday)

5 Days \$5.00	4 Days \$4.00	3 Days \$3.00
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Fridays Only
6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16, 8/23

Week 1: June 24th - June 28th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28-Jun	
Week 2: July 1st - July 5th [no camp on 7/4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5-Jul	
Week 3: July 8th - July 12th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12-Jul	
Week 4: July 15th - July 19th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19-Jul	
Week 5: July 22nd - July 26th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26-Jul	
Week 6: July 29th - August 2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2-Aug	
Week 7: August 5th - August 9th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9-Aug	
Week 8: August 12th - August 16th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16-Aug	
Week 9: August 19th - August 23rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23-Aug	
TOTALS					

FOR OFFICE USE ONLY

PLEASE SELECT ONE OF THE OPTIONS BELOW:

- CASH
- CHECK CHECK # _____
- CHARGE RECEIPT # _____

STAFF INITIALS:

PARENT/GUARDIAN NAME AND SIGNATURE REQUIRED

Parent / Guardian Name (Printed): _____ Date: _____

Parent / Guardian Name (Signature): _____