



FAMILY CAMP REGISTRATION FORM

September 1-4, 2017 – Labor Day Weekend

The _____ Family would like to register for Family Camp at CCO!

Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Work or Cell Phone: _____

E-mail Address: _____

PROGRAM COST	
Adult (ages 13 and up)	\$200
Child (ages 5-12)	\$110
Under age 5	FREE

The members of our family that will be attending family camp are:

Name	Male/Female	Date of Birth	T-Shirt Size

Emergency Contact Name: _____ Phone Number: _____

Lodging Options

<input type="checkbox"/> CCO Cabin	Included in price	Rustic cabin with bunk beds. Electricity but no heat or running water, community bathhouse.	Sleeps up to 10
<input type="checkbox"/> Snow Mountain Ranch Lodge Room	Additional \$150/room/night	Hotel style room. Combination of queen & bunk beds. Full bath, wireless internet & telephone.	Sleeps 4-6

Arrival Date: _____ Departure Date: _____

Camp fee includes 3 nights lodging, 7 meals, and program activities. Unless you select to stay in a SMR Lodge Room, each family will have its own basic cabin with electricity, but no running water. Families will use centrally located bath houses. There are a few cabins that have restroom facilities that will be assigned to families with special needs.

*Please register me for the 2017 Family Camp. I understand that the deposit of \$100 is non-refundable. I will receive a 75% refund of the balance paid if I cancel more than 30 days prior to camp. If I cancel after this date, no refund will be made. A detailed packet of information will be sent upon receipt of registration and deposit. ***Call the camp office to make a payment with a credit card. **If sending a check, please print out registration form and mail with check.***

Signature: _____

Date: _____

CCO Phone #: (970) 887-2648

Fax: (303) 648-5949

E-Mail: chiefouray@ymcarockies.org