



YMCA CAMP PINEWOOD

2018 Family Camp Weekend Registration

Send completed form to 4230 Obenauf Road, Twin Lake, MI 49457 | Fax to 231.821.0487 | Email to camppinewood@ymcachicago.org
Call our office at 231.821.2421 with any questions

Camp Pinewood provides a beautiful backdrop for this amazing 4 day / 3 night Family Adventure!

Families can visit with new and old friends while experiencing sports, games and adventures around Lake Echo. Rock climbing, Canoeing down the Muskegon River, Swimming, and Archery are all included thanks to our beautiful location in Twin Lake, MI! Other activities include Arts & Crafts, Board Games, Campfires, Nature Hikes, and much more!

Complimentary drop-in childcare available as scheduled in the mornings and afternoons for campers under the age of 5.

Memorial Day Weekend

Friday, May 25th – Monday, May 28th, 2018

Labor Day Weekend

Friday, August 31st – Monday, September 3rd, 2018

ARRIVAL: Any time after 5pm

DEPARTURE: By 11am

FEES*

1-2 campers: \$375

3 campers: \$535

4 campers: \$675

Each additional camper after 4: \$100

Children 4 and under FREE!

\$25 EARLY BIRD REGISTRATION DISCOUNT

Memorial Day Family Camp – April 2nd

Labor Day Family Camp deadline – July 2nd

\$25 DISCOUNT FOR Y MEMBERS (# _____)

*Basic fee includes on-site activities, lodging and meals at Camp Pinewood. Transportation is not provided for Family Camp.

Primary Contact (Must be at least 18 years old): _____

Primary Contact Email: _____

Phone #1: _____ **Phone #2:** _____ **Phone #3:** _____

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

Years at Camp Pinewood (including this year): _____ **How did you hear about us?** _____
(Please include name of YMCA/Person that you heard from)

Alternate Contact: _____ **Alternate Phone #:** _____

Please List All Other Members of Your Family / Group Attending:

2. Name: _____ Age _____ Gender **M** **F**

3. Name: _____ Age _____ Gender **M** **F**

4. Name: _____ Age _____ Gender **M** **F**

5. Name: _____ Age _____ Gender **M** **F**

6. Name: _____ Age _____ Gender **M** **F**

7. Name: _____ Age _____ Gender **M** **F**

8. Name: _____ Age _____ Gender **M** **F**

9. Name: _____ Age _____ Gender **M** **F**

10. Name: _____ Age _____ Gender **M** **F**

Cabin Request (Based on a first come, first serve basis, no guarantees): _____

Returning Families: Requests will be honored if registered by March 31 or June 30, 2018

SEE REVERSE SIDE →



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Please list any special needs (dietary, etc.) or physical limitations of the members in your group: _____

Please note: The YMCA does not furnish accident/illness medical insurance for its participants. Medical bills, including prescription drugs, for minors will be the responsibility of the parents/guardians. YMCA Camp Pinewood has my permission to use any photographs in its annual camp promotion. In the event I cannot be reached in an emergency, I do hereby give permission to transfer all persons named above off the center property for the purpose of medical care or program activities as deemed appropriate by the director. I hereby give my permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for all persons named above. We or I have read and agree to all the conditions of this application. The YMCA of Chicago has my permission to use photographs taken of my child/family while at camp for promotional purposes.

Primary Contact Signature: _____ Date: ____/____/____

Parent/Guardian Signature (for other minors): _____ Date: ____/____/____

Parent/Guardian Signature (for other minors): _____ Date: ____/____/____

[Please send a separate, signed User Agreement for all members of your family]

Payment Information and Discounts

Payment Method: Credit/Debit Card Check #: _____ (made out to YMCA Camp Pinewood)

Name on Card: _____ Signature: _____

Card #: _____ Exp. Date ____/____/____
Month Year

Charge Full Fee Charge \$150 Deposit Automatically Charge Balance of Fees 30 days prior to Family Camp

A \$150 non-refundable deposit is required for Family Camp and must accompany this application. Any applications submitted without payment information will be held and not processed until payment is received. Registrations received 30 days or less prior to weekend are required to pay the remaining balance upon registering. Final payments are due 30 days prior to weekend. The basic registration fee includes all on-site activities, lodging, meals, and snacks. The Camp Store will be open for purchase of souvenirs. Food service begins with dinner on Friday evening and ends with a sack lunch to go on Monday. There is no fee reduction for late arrivals. Balance of fees are payable when you arrive, check or charge card, please.

I GIVE THE CAMP PERMISSION TO CHARGE MY CREDIT CARD ON FILE FOR THE REMAINING BALANCE IF NOT PAID 30 DAYS PRIOR TO FAMILY CAMP WEEKEND

Cancellation refunds will be given for the camp fee minus the deposit up until two weeks prior to arrival. After this time there are no refunds available.

Yes, I or We (Primary Contact) have read and agree to the above statement.

Primary Contact Signature: _____ Date: ____/____/____

Mail to YMCA Camp Pinewood, 4230 Obenauf Rd, Twin Lake, MI 49457

Phone 231.821.2421 | Fax 231.821.0487 (Please confirm that the fax was received) | Email camppinewood@ymcachicago.org

www.camppinewood.com



Owned and operated by the YMCA of Metropolitan Chicago





Family Information Sheet

Family Name: _____ Family Weekend Attending: _____

To help us get to know your family a little better and meet your goals while you are at camp, we are asking for the following information. This information will be shared with our staff and used in the best interest of your family.

Number of years your family has attended Pinewood? _____

If this is your first year, how did you hear about Pinewood? _____

Are you sharing a cabin with any other families while here? _____

Are you related to, or friends with any other families who are attending Family Camp? Y N

If so, who are they, and what is your relationship: _____

What is your family's favorite thing about Family Camp? What are you most looking forward to?

If you could change one thing about your last Family Camp what would it be? _____

List three goals you have for your family while at Family Camp together:

1. _____

2. _____

3. _____

Is there anything else you would like to tell us about your family? _____

Please complete this with your family return this form with your registration to Camp Pinewood.

You may fax it to (231) 821-0487, mail, or e-mail it to camppinewood@ymcachicago.org