

2017 Camp Fitch YMCA Summer Camp Registration Form

- Complete the application indicating which programs your child is enrolling.
 - Mail to: Camp Fitch YMCA
12600 Abels Rd
North Springfield, PA 16430
 - Questions? Visit us at www.campfitchymca.org or phone 877.863.4824
- Email a pdf: info@campfitchymca.org
Fax to: 814.922.7000

Please tell us how you first learned about Camp Fitch:

- From a friend _____
- Through the web site
- Relative attended previously
- Outdoor Education Program
- Parent/Child Program
- YMCA
- Brochure
- Other _____

Camper Name: _____ Preferred nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: () _____ Circle one: home cell work Gender: _____ Birth Date ____/____/____

Rising Grade _____ This will be the camper's _____ summer at Camp Fitch

Please tell us with whom the child lives:

Adult #1 Name: _____ Cell Phone: _____ E-mail address: _____

Adult #1 - Parent Step Parent Guardian Other - _____

Adult #2 Name: _____ Cell Phone: _____ E-mail address: _____

Adult #2 - Parent Step Parent Guardian Other - _____

Request same Cabent as: _____

Check session(s) desired	Session 1 June 11-17	Session 2 June 18 - 24	Session 3 June 25 - July 1	Session 4 July 2 - 8	Session 5 July 9 - 15	Session 6 July 16 - 22	Session 7 July 23 - 29
Flagship Experience \$645 Ages 8-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equestrian Focus \$755 Ages 11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flagship Experience \$645 Ages 6-7			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
LIT \$675 Age 15		<input type="checkbox"/> Red		<input type="checkbox"/> White		<input type="checkbox"/> Blue	
CIT (2 week session) \$705 Age 16	<input type="checkbox"/> Red OR <input type="checkbox"/> Computer Camp CIT Session		<input type="checkbox"/> White		<input type="checkbox"/> Blue		
Computer Focus 1 week \$835 2 weeks \$1455 Ages 8-16	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> 2 Weeks						
Focus Experiences \$645 Ages 8-16	<input type="checkbox"/> Swim Focus					<input type="checkbox"/> Diabetes Health Focus	

A \$50.00 deposit must accompany each application for each week, which is **non-refundable and non-transferable**, but is applied to the total fee. Please make checks payable to Camp Fitch YMCA. Credit card transactions post as "YMCA Youngstown OH".

Credit Card # _____

Expiration Date ____/____/____ Total Amount \$ _____

Signature _____

Parent Packet: A complete parent packet information guide will be mailed to you in late spring or shortly after you register. This will include a health form that must be signed by a doctor, horseback information, and other needed forms.

Transportation: Transportation to and from Camp Fitch is the responsibility of the camper.

Payment Balance: Fees and Spending money must be paid by May 1, 2017.

Spending Money: Spending money is deposited in an account for horseback riding, crafts, and camp store items. The parent information booklet will give further details.

Financial Assistance: Applications for partial scholarships may be requested by calling the Camp Fitch office at: 877.863.4824

Family Camp: To register for a week long Family Camp in August call 877.863.4824