



YMCA CAMP RAVENCLIFF

2024 CAMP REGISTRATION FORM

FAMILY CAMP MAY 24-27, 2024

REGISTRATION DEADLINE: May 6, 2023, space permitting

(Please PRINT CLEARLY)

Primary Adult's Name: First _____ Last _____

Address _____ City _____ Zip _____

E-mail Address _____ Date of Birth ____/____/____ Gender _____

Cell Phone (____) _____ Alternate Phone (____) _____

Additional members of your group attending in same cabin:(please list all, use back of form if needed):

First Name _____ Last Name _____ Date of Birth ____/____/____

First Name _____ Last Name _____ Date of Birth ____/____/____

First Name _____ Last Name _____ Date of Birth ____/____/____

First Name _____ Last Name _____ Date of Birth ____/____/____

First Name _____ Last Name _____ Date of Birth ____/____/____

First Name _____ Last Name _____ Date of Birth ____/____/____

Registering For: (check all that apply)	Camp Ravenclyff Family Camp May 24-27	Fee per person	Quantity x Fee
Quantity			
	Persons 1-4	\$325	\$
	Persons 5-10	\$175	\$
	Children under age 4	\$0	\$
Total # people: (not to exceed 10)			
	Total Fee		\$
+	Tax Deductible Donation (optional)		\$
-	Less Non-Refundable Deposit Paid Today		< \$150.00 >
=	Balance Due by May 13, 2024		\$

Agreement and payment policy:

I hereby register the persons above for Family Camp at YMCA Camp Ravenclyff and verify that I have the authority to sign this agreement on their behalf. I understand that it is my responsibility to thoroughly read and review the policies in the family camp handbook which will be emailed to me following registration. I understand all communication will be emailed to me and it is my responsibility to share with all members of my group.

Please check one:

- I authorize my account to be automatically charged 2 weeks prior to camp if balance is not fully paid off by that time
- I will send in my payment by 2 weeks prior to camp

Primary Adult Signature _____ Date _____

Method of Payment

____ Check enclosed (payable to YMCA)

____ Charge \$ _____ to my

____ Visa ____ MC ____ AmEx

Card # _____

Expiration: _____

Signature _____

Return Registration and Deposit to:

YMCA Camp Ravenclyff

1111 College Ave., Santa Rosa, CA 95404

or scan/email to jhodgdon@scfymca.org

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For office use:

____ Handbook given ____ Signed HF

____ Membership Verified ____ Entered