



**YMCA of
Hamilton|Burlington|Brantford**

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ymcawanakita.ca

FALL, WINTER, SPRING GETAWAY ADULT/WOMEN'S/FAMILY PROGRAMS 2020

Please fill out one form per immediate family. One form for each program.

If you are registering with a group of adults please fill out one form per participant. If you would like to register for more than one program we would ask that you either photocopy an additional form or phone to request another registration form. For those programs being offered more than once please check the date you will be attending.

Please Print

Participant Main Contact: Male Female Birth Date: _____
(day / month / year)

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone# _____ Mobile Phone # _____ Work Phone # _____

Email Address: _____ Best Way to Contact Me (check one): Home Phone Work Phone E-mail Mobile #

Emergency Contact Name: _____ Emergency Contact Number: (_____)

PROGRAMS 2017/2018 *Please check program you are registering for all prices subject to 13% HST

Program Name	Base Price	Name(s) of other familymembers attending:	(Birthdate) dd/mm/yy
NEW YEAR'S FAMILY CAMP <input type="checkbox"/> Dec. 31, 2019 - Jan. 03, 2020	Adult (17+) \$324.00 Youth (10-16) \$239.00 Child (3-9) \$222.00	1.	
WINTER WOMEN'S WELLNESS WEEKEND <input type="checkbox"/> Jan. 24 - 26, 2020	Adult \$237.00	2.	
FAMILY DAY FAMILY WEEKEND <input type="checkbox"/> Feb. 14 - 17, 2020	Adult (17+) \$324.00 Youth (10-16) \$239.00 Child (3-9) \$222.00	3.	
MARCH BREAK FAMILY CAMP <input type="checkbox"/> Mar. 05 - 19, 2020	Adult (17+) \$432.00 Youth (10-16) \$318.00 Child (3-9) \$296.00	4.	
SPRING WORK WEEKEND Please register for Spring Work Weekend online or with the new Work Weekend form available on the Wanakita website	Ages 15+ No Charge	5.	
MOTHER/DAUGHTER WEEKEND <input type="checkbox"/> May 8 - 10, 2020	Adult (17+) \$216.00 Youth (10-16) \$159.00 Child (3-9) \$148.00	6.	
SPRING FAMILY WEEKEND <input type="checkbox"/> June 19 - 21, 2020	Adult (17+) \$216.00 Youth (10-16) \$159.00 Child (3-9) \$148.00	7.	
FALL WOMEN'S WELLNESS WEEKEND <input type="checkbox"/> Sept. 25 - 27, 2020	Adult (17+) \$237.00	8.	
FALL WORK WEEKEND Please register for Fall Work Weekend online or with the new Work Weekend form available on the Wanakita website	Ages 15+ No Charge	9.	
		10.	
		11.	
		12.	
		13.	
		14.	
		15.	

Payment Methods

POST-DATED PAYMENTS – 15% Deposit required

Payments must be completed 2 months prior to the start of the selected program. If registering within the two month period prior to your camp start date, payment must be made in full.

CHEQUE

Please date your cheques for either the 15th or the last day of the month. Please make your cheques payable to: **YMCA Wanakita**.

Please list the cheque numbers enclosed with your registration:

Payment 1 Cheque # _____ Payment 2 Cheque # _____

CREDIT CARD

A note about payments taken from credit cards. Your total camp fee will be divided by the number of months left until April 30th. This amount will be debited on the 15th of each month. Payments made by credit card will appear on your statement as a charge from the Hamilton/Burlington/Brantford YMCA.

Date of payment each month: 15th

Accepted Cards: Visa MasterCard

THIRD PARTY PAYMENTS

If a party outside of your immediate family is paying for any portion of your campers camp fee, and they would like to receive the receipt for this payment, we require their name and address for our records. Please list the details in the space provided below. If the third party does not require a tax receipt it is not necessary to list their details.

Name _____

Street _____ City _____

Province _____ Postal Code _____

Home Phone: () _____

Work Phone: () _____

FULL PAYMENT

Cheque # _____

Credit Card. Accepted Cards: Visa MasterCard

Authorization - In registering myself, my partner/spouse, children or other friends to attend YMCA Wanakita, I the undersigned have read and hereby agree to all registration notes and conditions of enrollment including payment, cancellation, refund, behaviour, participation, accident, photo/video and health policies.

Parent/Guardian/Adult participant

Signature: x _____

Date: _____

Print Name: _____

Accommodation Preference

Please indicate your choice of accommodations. Accommodation is allotted on a first come first served basis. If you have any questions regarding accommodations please call the Haliburton office. (participants must provide their own bedding)

Cabins: accommodations sleeping 4-10 in bunk beds

"I'd like a cabin close to: _____ "

"Place me in the same cabin as: _____ "

Health Information

Please indicate below if you or any of your family members have any medical needs, allergies or special requests.

Participant Name _____ Information _____

DIETARY INFORMATION

Please indicate below if any member of your family has any special dietary needs, allergies, special diets, etc.

Vegan Vegetarian Lactose Intolerant Food Allergy Gluten Free

Other (please specify): _____

Cancellation and Refund Policy:

- YMCA Wanakita reserves the right to cancel any programs if a minimum number of participants have not registered one week before the program is to run. YMCA Wanakita will issue full refunds if this is to occur.
- Participants must cancel a minimum of 2 months prior to the program, in order to receive a full refund (less the 15% deposit based on the overall fee).
- No refunds will be given after this time unless for exceptional reasons only (medical, or emergency family situation). All refund requests must be made in writing.
- A \$35.00 service charge will be levied on all declined payments.
- Refunds are not granted if parent/guardian withdraws participant from the program early, or if participant is asked to leave for misconduct.
- We reserve all rights to charge any outstanding balance to your credit card on file unless other methods of payments are provided.
- To review the complete registration notes and conditions of enrolment please see our website: ymcawanakita.ca

CREDIT CARD INFORMATION

Name on credit card: _____

Card #: | | | | | | | | | | | | | | | | | | | | | |

Signature: _____

Expiry Date: | | | | |