

2010 ALUMNI AND FAMILY CAMP REGISTRATION

PARTICIPANT INFORMATION *(one form per family/group)*

PRIMARY CONTACT

First Name

Last Name

Home Address

City, State, Zip

Home Phone

Work Phone

Email Address

Y/N

Alumni?

Which Program?

Year(s) Attended

FAMILY MEMBERS ATTENDING WITH YOU

KIDS CAMP

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

PAYMENT

Your registration form must be accompanied by a non-refundable \$100 registration fee, which is applied to the total cost of Alumni and Family Camp (please see reverse side for a complete list of rates). The remaining balance is due by **August 22, 2010**. Registrations received after this date must be accompanied by full payment.

Enclosed is my check made payable to *American Youth Foundation* for \$_____.

Please charge \$_____ to my: MasterCard Visa Discover AMEX
Card Number: _____ Exp. Date: _____ (Month/Year)
Name as it Appears on Card: _____
Signature: _____

CONTRIBUTIONS

We plan to attend Alumni and Family Camp and in addition to the Alumni and Family Camp fees, we have enclosed a gift of \$_____ to the American Youth Foundation Scholarship Fund.

Please complete the other side of this form, enclose the registration fee, and send to:

Alumni and Family Camp Registrar
8845 W. Garfield Road
Shelby, MI 49455

Questions? Please contact Miniwanca at:
Phone: (231)861-2262

Or via email: miniwancacamps@ayf.com

Further Details including forms, a schedule, and a final invoice will follow.

2010 MINIWANCA ALUMNI AND FAMILY CAMP REGISTRATION

SECTION 1

BASIC RATES

Includes lodging, 8 meals, and all programming

QUANTITY

TOTAL

CABIN

Adults	_____	@ \$190	= \$	_____
Children, ages 5-12	_____	@ \$110	= \$	_____
Children, ages 4 and under, no charge	_____	@ Free	= \$	N/C

DORMITORY ROOM

Adults	_____	@ \$230	= \$	_____
Children, ages 5-12	_____	@ \$110	= \$	_____
Children, ages 4 and under, no charge	_____	@ Free	= \$	N/C

SECTION 1 SUBTOTAL = \$ _____

Early Bird Discount Subtract 10% from total = \$ _____
(Applies to registrations postmarked and paid in full on or before July 1, 2010 only)

SECTION 1 TOTAL = \$ _____

SECTION 2

ADDITIONAL RATES

QUANTITY

TOTAL

CHILD CARE* - Each child, 4 and under	_____	@ \$10*	= \$	_____
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**Available Sat. 9a-12p, 2p-5p & Sun. 9a-12p; price per session*

TRANSPORTATION

One-way airport shuttle	_____	@ \$27	= \$	_____
Round-trip airport shuttle	_____	@ \$54	= \$	_____

SECTION 2 TOTAL = \$ _____

TOTAL

TOTAL AMOUNT DUE

SECTION 1 TOTAL = \$ _____

SECTION 2 TOTAL = \$ _____

Late Fee: Add \$30.00 to registrations postmarked after August 22, 2010 = \$ _____

TOTAL AMOUNT DUE = \$ _____

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