



FIELD STATION: DINOSAURS

CAMP REX

PRESENTED BY MEADOWLANDS YMCA

Camp Rex at Field Station: Dinosaurs will give your child the chance to explore scenic dinosaur trails, discover science experiments and activities and laugh with dinosaur wranglers every day!

AGES 5-8

8AM-4PM



For more information call 201-955-5300
or email dcoldon@meadowlandsymca.org



FIELD STATION:
DINOSAURS

3 Overpeck Pk Driveway
Leonia, NJ 07605

CAMP 2023 REGISTRATION FORM

ONE FORM PER CHILD Submit completed forms to Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or camps@meadowlandsymca.org

CAMPER Full Name _____

Date of Birth _____ Age as of 7/1/2023 _____ Grade as of 9/1/2023 _____ Gender _____

PARENT/GUARDIAN Full Name _____ Date of Birth _____ Gender _____

Home Address _____ City/Zip _____ Cell Phone (Required) _____

Email _____

	NO. OF DAYS	COST
WEEK 1	JUL 24-28	<input type="checkbox"/> \$390
WEEK 2	JUL 31-AUG 4	<input type="checkbox"/> \$390
WEEK 3	AUG 7-11	<input type="checkbox"/> \$390
WEEK 4	AUG 14-18	<input type="checkbox"/> \$390

TOTAL \$ _____

Lunch options will be available starting at \$5 a day.
Online order forms will be sent out after registration.



PAYMENT OPTIONS

AUTO DRAFT PAYMENTS

payment method on file will be charged remaining balance of each week 10 days prior to the start of each week.

NON-REFUNDABLE PROCESSING FEE TOTAL \$30

NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS ____ X \$50) \$ _____

TOTAL DUE TODAY \$ _____

PAY IN FULL

NON-REFUNDABLE PROCESSING FEE TOTAL \$30

TOTAL CAMP COST \$ _____

TOTAL DUE TODAY \$ _____

ACKNOWLEDGMENT: I understand that all upfront fees and deposits paid at the time of registration are non-refundable. Also, no makeup days, refunds or credits are offered for any kind of absence. To attend camp, tuition must be paid in full prior to attending and my camper's CampDoc profile must be 100% complete.

Initial _____ Date ____/____/____

AUTO-DRAFT AUTHORIZATION: I authorize the Meadowlands YMCA to automatically charge this payment method for the weekly balance. I understand I will be charged 10 days prior to the start of each weekly session. I assume all responsibility to notify the YMCA in writing of any changes that may affect this agreement.

Initial _____ Date ____/____/____

PAYMENT METHOD

- ☐ Check *Make check payable to Meadowlands YMCA.
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number _____

Exp. Date _____

Print Name as it appears on Credit Card _____

Signature

- ☐ EFT Draft Checking ☐ EFT Draft Savings

Routing # _____

Account # _____

Bank Name # _____

Attach copy of VOIDED check or Bank Specification letter

Print Name on Account _____

