



# CAMP 2024 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 7/1/2024 \_\_\_\_\_ Grade as of 9/1/2024 \_\_\_\_\_

**PARENT/GUARDIAN** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Cell Phone (Required) \_\_\_\_\_

Email \_\_\_\_\_

	NO. OF DAYS	COST
WEEK 1	<b>JUL 22-26</b>	<input type="checkbox"/> \$390
WEEK 2	<b>JUL 29-AUG 2</b>	<input type="checkbox"/> \$390
WEEK 3	<b>AUG 19-23</b>	<input type="checkbox"/> \$390
WEEK 4	<b>AUG 26-30</b>	<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

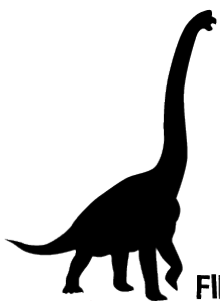
Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Name # \_\_\_\_\_

Attach copy of VOIDED check or Bank Specification letter

Print Name on Account \_\_\_\_\_



**FIELD STATION:  
DINOSAURS**

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

