



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Camp Flaming Arrow Camp Rekindle Registration Form January 4-6, 2019

Please completely fill out this registration (one form per family) and return it to YMCA Camp Flaming Arrow, P.O. Box 770, Hunt, TX 78024. There is a non-refundable, \$100 registration fee per person for the weekend. Any questions, problems, or concerns please call our office at (830) 238- 4631 or email [juliac@ymcasatx.org](mailto:juliac@ymcasatx.org)

**PLEASE PRINT IN INK** \*\*PARTICIPANTS MUST BE AT LEAST 8 YEARS OLD TO ATTEND\*\*

Camper Name:	Gender:	Age:	T-shirt Size:
Camper Name:	Gender:	Age:	T-shirt Size:
Camper Name:	Gender:	Age:	T-shirt Size:
Camper Name:	Gender:	Age:	T-shirt Size:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

\*E-mail is our main source of communication. You will receive email confirmation upon receipt of registration and payment including release forms, health forms, packing list, etc.

**Arrival:** All participants are asked to arrive between 6:00 and 7:00 pm on Friday. **Dinner is not served;** please eat prior to arrival. If you need to arrive later, please call us to make arrangements.

**Departure:** The retreat ends at 11:00 am on Sunday. All participants must be picked up no later than 11:30 am. **Lunch is not served.**

**Number of Participants X \$100 = \$ \_\_\_\_\_ (Cost of Rekindle)**

**We would like to donate to the Y Partners scholarship fund to assist children attending summer resident camp.**

(Circle amount) \$10 \$20 \$30 \$50 \$75 \$100 Other \_\_\_\_\_ You may enclose the amount now or be billed later.

**Check enclosed: \$ \_\_\_\_\_ Charge my card: (circle one) MC Visa Disc AmEx**

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**I understand that I must pay in full for the number of participants registered on this form or actual attendance (if additional participants are added); whichever is higher.** I understand that all participants must complete release and health information forms (parents/guardians must sign for minors). I understand that I am responsible for completing all forms and turning them in with emergency contact information at check in.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**YMCA Mission:** To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.