



SKYE FARM CAMP & RETREAT CENTER REGISTRATION FORM

Send completed registration to:

Skye Farm Camp & Retreat Center
1884 E. Schroon River Rd.
Warrensburg NY 12885
Phone: 518.494.7170 |
Fax: 800.627.0052

CONTACT INFO

Name _____
Address (Street, City, State, Zip) _____
Home Phone _____ Cell Phone _____ E-mail _____
Emergency Contact _____ Phone # _____ Cell/Work Phone _____

REG OFFICE
USE ONLY
GUEST NAME

75TH ALUMNI BANQUET 2017 SATURDAY, NOVEMBER 4TH, 2017 SARATOGA UNITED METHODIST CHURCH 175 5TH AVE, SARATOGA SPRINGS, NY 12866 5:30 PM

EVENT DETAILS

#s
_____ Adults (Ages 13 and up) \$40/adult Guest Names: _____
_____ Children (Ages 4-12) \$15/child Guest Names: _____
_____ Children (Ages 0-3) No charge Guest Names: _____

* All money is due at the time of registration and must accompany this registration form *

Special Dietary Needs: _____

How did you hear about this event? _____

Alumni Reunion 2017

PAYMENT

Make checks payable to "UNYAC" with "Alumni Reunion" in the memo line.

Method of payment:

- Check # _____
- Visa
- MasterCard

I would like to make a \$1 donation to the campership fund

Amount to be placed on card : _____
Card Number: _____
Security Code: _____ Expiration Date (mm/yy): ____ / ____
Name on Card (please print): _____
Cardholder's Signature: _____

If different from mailing address:

Billing Address: _____
City: _____ State: _____ Zip: _____

POSTMARK DATE

SIGN

I hereby register for the above-named event. I give permission for my name and address to be shared with my event group and for still/video pictures of me to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care as needed.

Signature _____ Date _____

RCD