



# SKYE FARM CAMP & RETREAT CENTER REGISTRATION FORM

Send completed registration to:

[Skye Farm Camp & Retreat Center](http://www.skyefarmcamp.com)  
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 \_\_\_\_\_

FOR OFFICE  
USE ONLY

GUEST NAME

## EVENT DETAILS

### ALUMNI REUNION 2017 SEPTEMBER 1ST-4TH, 2017

Select your Housing: #Adults(13+): #Children(4-12): #Children(0-3):

- Cabin:** Friday- Monday (3 nights, 8 meals) = \$119/adult 13+ \$49.50/child 4-12
- RV:** Friday - Monday (3 nights, 8 meals) = \$94/adult 13+ \$39.50/child 4-12
- Tent:** Friday - Monday (3 nights, 8 meals) = \$74/adult 13+ \$35.50/child 4-12
- Saturday only:** \$30/adult 13+ \$15/4-12

**\* A processing fee of \$75.00 is required at the time of registration and must accompany this registration form \***

Are you willing to share a Cabin with another Family/roommate(s)?  Yes  No  
Family/ Roommate Request \_\_\_\_\_

Special Dietary Needs:

Do you require any special accommodations that our staff should be aware of before you arrive? (Wheelchair accessibility, limited mobility, housing considerations, etc.)

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 \_\_\_\_\_

RC'D