



SKY LAKE 2017

INTERGENERATIONAL CAMP REGISTRATION FORM

Send completed form to:

Sky Lake Camp & Retreat Center
501 William Law Road
Windsor NY 13865
607.467.2750 / 607.467.4612 (fax)
registrar@skylakecenter.org

2017 EVENTS

> **Intergenerational (August 13-16)**

- » Adult, age 18+ : \$215 per adult
- » Youth , ages 12-17: \$150 per youth
- » Child, ages 3-11: \$125 per child
- » Toddlers, ages 0-2: Our treat!

FAMILY INFO

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Email _____

Name of Church _____ City _____ Denomination _____

Emergency Contact
Name _____ Daytime Phone _____ Evening Phone _____

We first heard about Sky Lake through: Church Brochure Website Family Friend Newspaper Agency Other _____

ATTENDEE INFO

Please list those attending:

Adults (ages 18+)	M/F	Birthday	Youth (ages 12-17)	M/F	Birthday
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Children (ages 3-11)	M/F	Birthday	Infants/Toddlers (age 0-2)	M/F	Birthday
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Dietary Concerns:

Medical Concerns:

PAYMENT

Make checks payable to "UNYAC" with "Sky Lake" in the memo line.

Method of payment:

- Check # _____
- Visa
- MasterCard

Amount to be placed on card (if other than full amount): _____

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: _____

FOR OFFICE USE ONLY

FAMILY/CAMPER NAME _____

EVENT _____

POSTMARK DATE _____

RC/D _____