



**SKY LAKE 2020**

# 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

2020

> **Intergenerational (August 8-11)**

- » Adult, age 18+ : \$230 per adult
- » Youth , ages 12-17: \$165 per youth
- » Child, ages 4-11: \$140 per child
- » Toddlers, ages 0-3: 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 \_\_\_\_\_