



2020 CAMP Y-ZONE SUMMER CAMP

Snack Shack & Friday Pizza Lunch Registration Form *(no on-line registration available)*

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name : _____

Male/Female (Circle One)

Grade in Sept. 2020 _____ Phone: () _____

<i>Please note: Directors, Counselors, and the YMCA are not responsible for lost snack shack money brought in by the campers. Campers may bring \$1.00/day and purchase Snack Shack. Pizza is supplied by Lovey's Pizzeria.</i>	Snack Shack (M-F) \$5.00 per week/\$1.00 per day <i>[Snacks include ice pops, chips, cookies, fruit snacks, etc.]</i>			Pizza Friday <i>(Camper receives 2 slices of pizza and a bottle of water). Price = \$6.00/each Friday</i>	Total <i>(Snack Shack + Pizza Friday)</i>
	5 Days \$5.00	4 Days \$4.00	3 Days \$3.00	<i>Fridays Only</i> 6/26, 7/10, 7/17, 7/24, 7/31, 8/7, 8/14, 8/21	
Week 1: June 22nd - June 26th <i>Not available this week for Kinder Camp or Little Owls</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26-Jun	
Week 2: June 29th - July 3rd <i>[no camp on 7/3]</i>		<input type="checkbox"/>	<input type="checkbox"/>	N/A N/A	
Week 3: July 6th - July 10th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10-Jul	
Week 4: July 13th - July 17th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17-Jul	
Week 5: July 20th - July 24th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24-Jul	
Week 6: July 27th - July 31st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31-Jul	
Week 7: August 3rd - August 7th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7-Aug	
Week 8: August 10th - August 14th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14-Aug	
Week 9: August 17th - August 21st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21-Aug	
TOTALS					

FOR OFFICE USE ONLY

PLEASE SELECT ONE OF THE OPTIONS BELOW:

- CASH
- CHECK CHECK # _____
- CHARGE RECEIPT # _____

STAFF INITIALS:

PARENT/GUARDIAN NAME AND SIGNATURE REQUIRED

Parent / Guardian Name (Printed): _____ Date: _____

Parent / Guardian Name (Signature): _____