

TRIANGLE Y CAMP REGISTRATION FORM

Please print
Must be
legible

Camper's Name _____ Gender (circle one) M F
Session _____ Camp Program (i.e. Resident, Horsemaster...) _____

Horsemasters, Please check level of horseback riding experience:

Beginner Intermediate Advanced

Birth Date _____ Age at beginning of desired session _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother/Guardian Name _____ Daytime Phone _____ Nighttime Phone _____

Father/Guardian Name _____ Daytime Phone _____ Nighttime Phone _____

Cabin Mates _____

*We try to keep campers within one or two years of age and one to two grade school levels in the same cabin.
We allow two cabin mate requests.*

"Bring A Friend To Camp" Name _____

Payment Options

Camp Fee Total _____

Deposit Paid _____

Required Trading Post Fee _____

***All Campers are required to have money in their trading post account.**

Trading post money is due at registration:

Mini.....\$8.00

All other camps.....\$12.00



CAMP FEES ARE NOT REFUNDABLE OR TRANSFERABLE

Parent/Guardian Authorization

I hereby give permission for my child to attend Triangle Y Camp and to participate in all associated activities. I understand that the camp does not carry medical insurance and that I will be responsible for any medical charges that my child may incur. **The enclosed deposit is not refundable.** I give permission to the camp administration to use photographs of my child for promotional or any other legitimate purposes.

X _____ Date _____

Ways To Register

Mail: Triangle Y Camp • Minot Family YMCA • P.O. Box 69 • Minot, ND 58702-0069

Fax: Please fax registration form and any requests to (701) 852-1806

Walk-In: Completed registrations can be dropped off at the front desk

Minot Family YMCA
3515 16th St. SW
Minot, ND 58701

Payment/Deposit: \$75.00

Deposit for each session is required to reserve dates for the requested camp.

The deposit is applied to the total camp fee and is **not refundable**. Payment may be made by check or credit card.

Check enclosed (Payable to Triangle Y Camp)

Use Your Credit Card: Please charge the following amount to my credit card:

Card Holder _____ Account Number _____



Amount \$ _____ Expiration Date _____



Program benefits and services are available to all without regard to race, color, sex, handicap, age, or national origin. If you feel you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, DC 20250.

Additional Information:

Cindy Mueller at the Minot Family YMCA

Phone: (701) 852-0141, FAX (701)852-1806 Email: cmueller@srt.com

Website: www.triangleycamp.org

For all registration, your spot is not confirmed until you receive your "Experience That Lasts a Lifetime" packet.