

TRIANGLE Y CAMP REGISTRATION FORM

-Please print
-Must be legible
-All answers are required

Camper's Name: _____ Gender: M F Session # _____

Camp Program (i.e. Resident, Horsemaster, Explorer) _____

Horsemasters only: Please circle level of horseback riding experience:

Beginner Intermediate Advanced

Camper Birth Date: _____ Age at beginning of session: _____ Camper Shirt Size: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Pare/Guardian Name (first & last): _____ Cell Phone: _____ Alternate Phone: _____

Parent/Guardian Email: _____

Payment Options



Camp Fee Total _____

Total Paid _____

A minimum of \$100.00 deposit must be paid at registration

Balance Due _____

Camp fees include Trading Post

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.**

Parent/Guardian Signature: _____ 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

Email: mgray@ymcaminot.org **Online:** Web site www.triangleycamp.org

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 _____



CSC # _____

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. At Triangle Y Camp, rules for acceptance and participation are the same for everyone. We will make every reasonable effort to meet the needs of all those who participate. If your child has a disability, behavior disorder, or other special needs please contact us to discuss if Triangle Y Camp is the right fit for your child.

Contact Us:

Camp Director- Mallory Gray

Phone: (701) 852-0141, FAX (701)852-1806 Email: mgray@ymcaminot.org

Website: www.triangleycamp.org