

## APPLY EARLY TO AVOID WAITING LISTS!

Registration is on a first-come, first-serve basis. Many sessions fill early, so please reserve your dates as soon as possible.

- Call to register by phone when using VISA, MasterCard, American Express or Discover Card. Or, mail this registration form with a \$150 deposit per session per camper.
- Or fax your registration to 256-268-2003 when using VISA, MasterCard, Discover or American Express. Or, apply online at [www.campcosby.org](http://www.campcosby.org) using Visa or MasterCard.

(PLEASE PRINT CLEARLY)

CAMPER'S NAME \_\_\_\_\_ CAMPER'S PREFERRED NAME \_\_\_\_\_  MALE  FEMALE

MAILING ADDRESS \_\_\_\_\_ HOW MANY YEARS AT CAMP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_ GRADE THIS FALL \_\_\_\_\_ SCHOOL \_\_\_\_\_ CAMPER'S E-MAIL \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT \_\_\_\_\_ RELATION \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK # \_\_\_\_\_ MOTHER'S E-MAIL \_\_\_\_\_

DID MOTHER ATTEND CAMP COSBY  YES  NO IF YES, HOW MANY YEARS? \_\_\_\_\_ AS A CAMPER  OR COUNSELOR  ?

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK # \_\_\_\_\_ FATHER'S E-MAIL \_\_\_\_\_

DID FATHER ATTEND CAMP COSBY  YES  NO IF YES, HOW MANY YEARS? \_\_\_\_\_ AS A CAMPER  OR COUNSELOR  ?

ENROLLMENT DATES: \_\_\_\_\_ SESSION CODE: \_\_\_\_\_

WEEKEND MINI CAMP DATES: \_\_\_\_\_ SESSION CODE: \_\_\_\_\_

CABINMATE REQUEST (IF ANY) \_\_\_\_\_

NOTE: ONLY ONE REQUEST PLEASE. CAMPERS MUST BE IN THE SAME AGE GROUP AND YOUR CAMPER'S NAME MUST ALSO APPEAR ON YOUR CABINMATE'S REGISTRATION FORM.

HOW DID YOU HEAR ABOUT US?  FRIEND  ALUMNI  YMCA  MAIL  SCHOOL  ENVIRONMENTAL EDUCATION  COMMUNITY MEETING  CAMP FAIR  INTERNET

IN HOME PARTIES  Y LIFE MAGAZINE  MAGAZINE AD  OTHER

PLEASE SEND A BROCHURE TO THE FOLLOWING: \_\_\_\_\_

FOR YMCA MEMBER RATES, PLEASE PROVIDE US WITH Y MEMBERSHIP LOCATION \_\_\_\_\_

<input type="checkbox"/> Tuition Fee	\$ _____	TOTAL
<input type="checkbox"/> Weekend Mini Camp Sessions(s)	\$ _____	TOTAL
<input type="checkbox"/> Weekend Mini Camp Spending Money	\$ _____	TOTAL
<input type="checkbox"/> Store	\$ _____	TOTAL
<input type="checkbox"/> Grace Chapel Donation (tax deductible) \$50, \$100 or \$200 or Other	\$ _____	TOTAL
<input type="checkbox"/> Strong Kids Donation (tax deductible) \$50, \$100 or \$200 or Other	\$ _____	TOTAL
SUBTOTAL	\$ _____	
LESS DEPOSIT (if Already Paid)	\$ _____	
<b>TOTAL TO BE PAID</b>	<b>\$ _____</b>	

***The Value of Your Store Fee***

- A drink and snack with every visit to the store (10 visits per week)
- T-Shirt
- Picture of Cabin Group
- Souvenirs/Other Incidentals

**PAYMENT MADE TODAY:**

<input type="checkbox"/> Deposit Only	\$ _____	TOTAL
<input type="checkbox"/> In Full (now)	\$ _____	TOTAL
<input type="checkbox"/> Check Enclosed	\$ _____	TOTAL
<input type="checkbox"/> Charge My Credit Card (now)	\$ _____	TOTAL

Visa  AMEX  MasterCard  Discover

Card # \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**TOTAL BALANCE MUST BE PAID BY MAY 1ST:**

Bill Me

Charge My Credit Card on May 1

Please Contact Me With Other Payment Options

Please Contact Me Regarding Financial Assistance

***Mail or Fax this form to:***  
 YMCA Camp Cosby, 2290 Paul Bear Bryant Rd.  
 Alpine, AL 35014 • Fax (256) 268-2003

For more information call (256) 268-2007 or toll-free 1-800-85-COSBY. Office Hours are Mon-Fri 8:00am - 5:00pm. Confirmation and parent information package is on-line at [www.campcosby.org](http://www.campcosby.org). There you can also find a map, directions, health forms, camp forms, and other information necessary to prepare your child for Camp Cosby.

**Deposits are totally non-refundable.**

If you do not have on-line access please call our office for confirmation and information.