



**February 17-22, 2013**

**Join us for February Vacation! We're off to the White Mountains to ski, snowboard, snow tube, ice skate, and just have a blast! We reside & cook delicious meals in our cozy North Conway chalet. Drop-off & pick-up is from our Mill Pond YMCA in Hanover. Ages 13-17.**

**Sign up TODAY (Very limited space available)**

**Online registration is now open!**

**Cost: \$695. Includes accommodation, food, lift tickets, tubing and other night programs. Lessons & rentals are available for an additional fee.**

**For more information, please contact  
Molly Thomas, Adventure Trips & Teen Director  
molly@ssymca.org 508-428-2571 x109**

**Please alley-oop this form for more deets!**



# Ski & Snowboard Adventure REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Gender \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: Month \_\_\_\_/Day \_\_\_\_/Year \_\_\_\_

Email: \_\_\_\_\_ School Grade Next Fall: \_\_\_\_ Name of School: \_\_\_\_\_

**Please check box in front of the name of the party responsible for billing. If not Parent, fill in Other.**

- Parent 1 Name :** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_
- Parent 2 Name :** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_
- Other Name:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Do Parents 1 and 2 live together? \_\_\_\_ **If NO:** Participant's primary residence is with  Parent 1  Parent 2

Has this participant ever attended the South Shore YMCA Camps?  Yes  No **If Yes:** When? \_\_\_\_\_

Does the Participant have a current South Shore YMCA membership?  No  Yes Membership # \_\_\_\_\_

*Lessons and equipment are optional. If you want to rent equipment for this trip please check the box and add \$105 to the total price. We strongly recommend the 2 hour ski lessons. They take place in the morning which allows for plenty of free time and practice in the afternoon. Please check the box in front of the days that you want to take lessons. Add \$35 for each lesson to the total price.*

**SIGN ME UP FOR:**

- |  |       |       |    |
|--|-------|-------|----|
| <input type="checkbox"/> February 17-22 Adventure      | Price | \$695 | \$ |
| <input type="checkbox"/> Equipment Rental (for 4 days) |       | \$105 | \$ |
| <input type="checkbox"/> 2 hr Lesson on Tuesday        |       | \$35  | \$ |
| <input type="checkbox"/> 2 hr Lesson on Thursday       |       | \$35  | \$ |

Total \$

**PARENT AGREEMENT:** I certify that my son/daughter is amenable to discipline and free from habits or attitudes which would make him/her an undesirable camper. I have read the fees and schedules and understand the contents thereof. I understand that there is limited space on this trip, and that registration is on a first come first served basis. **Enclosed is a \$100 deposit**. (This is part of the fee – not an addition) The deposit is for administrative and processing expenses and is non refundable nor transferable under any circumstances. I agree to pay the remaining balance of the fee **four weeks prior to the trip date.**, knowing that a failure to do so may result in a cancellation of this registration. I understand that **no refunds** will be granted for any cancellations within 14 days of the trip, unless medical documentation is provided and that any cancellations within 4 weeks of the trip will result in a loss of 50% of the total cost of the trip. I understand that the trip fee does not include health or accident insurance, and I will be responsible for any and all charges incurred for prompt medical attention. I hereby give consent for the person named on this application to actively participate in the program. I authorize the YMCA to take and use photographs, slides or videotapes of the person named on this registration form as may be needed for its records or public relations programs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to:  
**SSYMCA Camp Burgess & Hayward**  
 75 Stowe Road  
 Sandwich, MA 02563

**PAYMENT BY CREDIT CARD**

MasterCard  Visa  American Express  Discover

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ \*\*CVV2#: \_\_\_\_\_

Check the amounts you wish to be charged to your credit card:

Deposit

Balance charged 4 weeks prior to trip date  
(Credit Card must not expire before trip date)

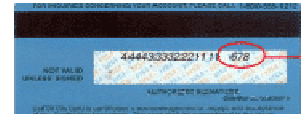
Balance to be paid in full

\_\_\_\_\_  
(Authorized Signature)

**\*\*REQUIRED\*\* CREDIT CARD SECURITY NUMBER DETAIL AND EXPLANATION (CVV2) \*\*REQUIRED\*\***

The last 3 digits of the number printed in the signature space on the **back** of **Visa, Mastercard, and Discover** cards.

The 4 digit number on the **front** of **American Express** cards. The number is printed (flat), not embossed like the card number.



**CW2 Num**