



Kings Bay YM-YWHA

3495 Nostrand Avenue, Brooklyn, NY 11229

Sunday Mini-Camp

Personal Information

Participant's Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____ Date of Birth: _____

Membership Yes No If yes, expiration date: _____

How did you hear about us? _____

Parent/Guardian's Name: _____
Last *First* *M.I.*

Emergency Contact: _____

Participation Information

Month	Price	Paid
Sept/October	Program fee \$150/member fee \$130	
November	Program fee \$150/member fee \$130	
December	Program fee \$150/member fee \$130	
January	Program fee \$150/member fee \$130	
February	Program fee \$150/member fee \$130	

Payment Information

Check \$ _____
Amount (Please make check payable to Kings Bay Y)

Credit Card _____
Type (Visa or Mastercard only) Credit Card Number Expiration Date

_____ *Name as appears on card Signature*

I give permission to the Kings Bay Y to take photographs to be used on promotional materials and I release the Kings Bay Y from any claims that may result from the pictures taken on or after this date.

Signature _____ Relationship _____ Phone _____ Date _____

OFFICE USE: Receipt: _____ Date: _____