

2019 CAMP ECHO FAMILY CAMP REGISTRATION FORM

Primary Adult Contact Information

All communication from Camp Echo is directed to the primary adult contact listed below via email.

Last Name _____ First Name: _____ DOB: _____ Gender Identity: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

- Returning Family from 2017/18
 McGaw Members
 McGaw Staff
 Echo Alumni
 Family of returning youth camper- Name: _____
 New Family
 Other
 If you've been to family camp before what year will this be? _____ (e.g. 4th)

Weekend Family Camp	Week 1 Family Camp	Mini-Week Family Camp
Our family wants to come to camp: <input type="checkbox"/> Memorial Day -May 24-27 (Fri-Mon) <input type="checkbox"/> Labor Day - Aug 30- Sept 2 (Fri-Mon)	Our family wants to come to camp: <input type="checkbox"/> Week 1 - August 18-24 (Sun-Sat)	Our family wants to come to camp: <input type="checkbox"/> Mini Week - August 25-29 (Sun-Thur)
We'd like to stay in a: <input type="checkbox"/> Camper Cabin (12 people max) Minimum Fee \$1275 <input type="checkbox"/> Peak Cabin (4 people max) Minimum Fee \$525	We'd like to stay in a: <input type="checkbox"/> Camper Cabin (12 people max) Minimum Fee \$2450 <input type="checkbox"/> Peak Cabin (4 people max) Minimum Fee \$1010	We'd like to stay in a: <input type="checkbox"/> Camper Cabin (12 people max) Minimum Fee \$1600 <input type="checkbox"/> Peak Cabin (4 people max) Minimum Fee \$660
We will have this many people staying in our cabin: Number _____ Adult (19+yrs) \$300 _____ Youth (6-18yrs) \$225 _____ Preschool (1-5yrs) \$90 Total Fee: _____	We will have this many people staying in our cabin: Number _____ Adult (19+yrs) \$580 _____ Youth (6-18yrs) \$430 _____ Preschool (1-5yrs) \$160 Total Fee: _____	We will have this many people staying in our cabin: Number _____ Adult (19+yrs) \$380 _____ Youth (6-18yrs) \$280 _____ Preschool (1-5yrs) \$110 Total Fee: _____

Payment Plan:

Pay In Full
 Pay Monthly (Drafts every month)
 Pay As You Go
 *All payments are due in full May 1, 2019.
 I agree to Camp Echo's transfer and refund policies and terms of conditions as outlined on the Echo website.


Registration Deposit (must be included for processing)

Credit Card # _____ Expires: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____
 Check*- payable to McGaw YMCA
 Cash*

*If your deposit is a check or cash, please note we will need additional payment method for the rest of your payments.

Fee Assistance:

- I am applying for fee assistance. Include a \$50 deposit and a copy of your most recent federal 1040 tax form.
 Families may apply for family camp fee assistance even if children in the family received fee assistance for youth camp.
 You will receive separate notification by email about your enrollment status and scholarship award.


 Once your registration has been processed, you will receive an email with information to set up your personalized **CampInTouch** account - your online portal to complete any additional forms and payment.

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Family – How would you like us to identify your family while at Camp Echo?

examples: "Smith Family" or "Smith-Jones Family"
or "Smith/Jones/Wilson Family"

Please share any specific **cabin request**, or **special considerations** regarding cabin placement:

Camper Information

Please list EVERYONE who will be in your cabin including adults and children. If there are multiple families in your cabin please indicate the key adult contact for each family first and then the campers attending with them.

	Family Contact	First Name	Last Name	Age	Gender ID
1	<input type="checkbox"/>				
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input type="checkbox"/>				
10	<input type="checkbox"/>				
11	<input type="checkbox"/>				
12	<input type="checkbox"/>				

Contact Information for Additional Families (if applicable):

Please provide the contact information for the primary adult for each additional family staying in your cabin and/or a parent's contact information for any additional youth that may be staying in your cabin.

Check if you would like separate billing and indicate who is responsible for payment of each camper so we can setup a CamplnTouch account for each family.

NAME Last: _____	First: _____	Separate Billing <input type="checkbox"/>
Phone _____	Email _____	Camper #'s _____
Address: _____ City: _____ State: _____ Zip: _____		

NAME Last: _____	First: _____	Separate Billing <input type="checkbox"/>
Phone _____	Email _____	Camper #'s _____
Address: _____ City: _____ State: _____ Zip: _____		



Submit completed form with non-refundable deposit:

E-mail: annav@mcgawymca.org

Fax: 847-475-1764

Mail: Camp Echo, 1000 Grove St, Evanston, IL 60201