

YMCA CAMP HUCKINS

Family Camp Week _____ Labor Day Week-end _____
(Check One)

Last Name _____
(Please Print)

This is our _____ year at Camp Huckins.

List Names of Adults

1. _____
2. _____
3. _____
4. _____

List Names of Children & Age

1. _____
2. _____
3. _____
4. _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Will there be a family pet? Dog_____ Cat_____

Will there be grandparents or elderly persons? Yes_____ No_____

We would like to be housed near the _____ family.

We are willing to share a cabin with the _____ family.

Please read and sign:

I (we) have read and understand the rules for Family Camp at YMCA Camp Huckins and our family agrees to abide by them.

(Signed by an adult member of the family)

Date

Email: _____

Maiden Name(if Alumni): _____