

Application Card 2010

Sandy Island
Family Camp



Primary Member: _____ E-mail Address _____

Address: _____ Phone #: (_____) _____

City: _____ Date of Application: _____ Years at SI: _____

State: _____ Zip: _____ Please check if you are taking a **Leave of Absence**. (\$100 fee)

Please list ALL party members:

Name	Birth Date	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Total # campers _____ Total Fees \$ _____
 Deposit \$ _____
 Balance due: \$ _____

Week(s) requested:

_____ Dates: _____
 # _____ Dates: _____

2010 cabin preferences (Returning campers only)

- _____
- _____

PLEASE READ THE PAYMENT/CANCELLATION POLICY ON THE REVERSE SIDE OF THIS CARD CAREFULLY.

Payment Information

Deposit enclosed \$ _____ Check# _____

Credit card plan: MasterCard Visa Discover AMEX

- Deposit **only**
- Deposit **and:**
- Two payments of half balance on April 1 and June 1
- Monthly payment plan: Jan \$ _____ Feb \$ _____ Mar \$ _____
 Apr \$ _____ May \$ _____ Jun \$ _____

Credit card #: _____ Exp. _____

Name on card: _____

Signature: _____

Dining Room seating (optional) _____

Special Request (please circle): **Stroller** **Crib** **Mobility Scooter**

2010 SCHEDULE

Week 1: July 3 - July 10
Week 2: July 10 - July 17
Week 3: July 17 - July 24
Week 4: July 24 - July 31
Week 5: July 31 - August 7
Week 6: August 7 - August 14
Week 7: August 14 - August 21
Week 8: August 21 - August 28
Week 9: August 28 - September 4
LDW: September 4 - September 6

2010 RATES AND DEPOSITS

	WEEKLY	LABOR DAY
Senior (62+)	\$645	\$255
Adult (13+)	\$700	\$260
Junior (9-12)	\$555	\$200
CAVE (6-8)	\$450	\$175
Pre-school (3-5)	\$345	\$140
Infant (0-2)	NC	NC
Deposit:		
Family	\$350	\$150
Couple	\$250	\$100
Single	\$150	\$75

Contact Information:

YMCA of Greater Boston
Camping Services
 PO Box 10
 Mirror Lake, NH 03853
 Phone# 603-569-2725
 Fax# 603-569-5869

Sandy Island Camp Office:

June 15-Sept 15
 Phone# 603-253-4217
 Fax# 603-253-5339

Payment/Cancellation Policy (please read carefully) NEW INFORMATION!!!

- A **non-refundable, non-transferable deposit with an application card** is required for each week by **January 1, 2010**.
- All **unreserved cabins** as of the **January 1st deadline** will be reassigned.
- April 1-One-half fee due.
- June 1-Fee balance due.
- Cabin fee must meet or exceed cabin minimum occupancy.
- Guest fees are not part of the cabin minimum fees.
- If payment is not received by above dates, you forfeit cabin assignment and all funds paid.
- Cancellation after April 1, you lose all fees paid up to the cancellation date if we are unable to fill cabin.