



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

TRAILBLAZER WEEKEND REGISTRATION

September 16-18, 2011

Father's Name _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email _____

Father Date of Birth (mm/dd/yyyy) _____

Children Attending

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

FEES

Item/Description	Rate Per Person	Number of Family Participants	Subtotal
Individual Registration Fee (includes meals, lodging, instruction, program supplies)	\$95/Adventure Guides - or - \$110/Non-Adv Guides	X _____ =	\$ _____
Horseback Riding Option	\$25/participant	X _____ =	\$ _____
TOTAL DUE			\$ _____

If paying by credit card, please complete information on the back of this form; if paying by check, please make checks payable to "YMCA Trailblazers."

Mail registration and payment to:

YMCA Camp Greenville
Attn: Trailblazer Registrations
601 East McBee Ave, Suite 212
Greenville SC 29601

For more information, contact Greg McKee at 864-963-3608, ext. 24

Credit Card Payment Information

Please Print!

Name as appears on card _____

Billing address for card

Street _____

City _____ State _____ Zip _____

Card Number _____ Security Code _____

Expiration Date _____

Amount to be charged (full amount from front) \$ _____

Authorized Signature _____