

# NYYM Summer Sessions Registration for JYM

## One Person Under 18 Years Of Age

Silver Bay YMCA, Silver Bay, NY July 22-28, 2012

BEFORE July 16 return to: NYYM, 15 Rutherford Place, New York NY 10003

AFTER July 16 send to: Silver Bay YMCA of the Adirondacks, 87 Silver Bay Rd.,

Silver Bay NY 12874; 518-543-8833

### PLEASE PRINT

Name \_\_\_\_\_ Meeting \_\_\_\_\_

Age now \_\_\_\_\_ Grade in fall \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Arrival day & date \_\_\_\_\_ Departure day & date \_\_\_\_\_

Fee enclosed (see fee chart) \$ \_\_\_\_\_

July address, phone, if other than above: Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Check all that apply:

Female  Male  Vegetarian  First time at YM/JYM

Special needs:  hearing  seeing  walking  other: \_\_\_\_\_

Sponsor at YM if other than parent/guardian:

Grades 10, 11, & 12 Worship Group choice \_\_\_\_\_

(Worship groups are listed on the adult registration form.)

### Silver Bay YMCA Housing:

I prefer the same room assignment as last year

First choice \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Second choice \_\_\_\_\_ Rate: \$ \_\_\_\_\_

If neither is available, **location** is more important

If neither is available, **price** is more important

Please assign me a roommate \_\_\_\_\_

Name of parent/sponsor/other roommate \_\_\_\_\_

I will cluster with \_\_\_\_\_

I will stay off-campus at (name/address) \_\_\_\_\_

All meals  Only these meals: \_\_\_\_\_

### Application to NYYM for financial assistance (due 7/2/12)

Source of funds: Private \$ \_\_\_\_\_

Provided by monthly/regional meeting \$ \_\_\_\_\_

Requested from Equalization Fund\* \$ \_\_\_\_\_

\*letter from monthly meeting clerk recommended

**By submitting this form, I acknowledge that I have read the NYYM agreements.**