



ADVENTURE CAMP

Adventure Camp is a safe, healthy and enriching summer experience for children ages 5-12. It's centered around growing, playing and thriving together. Art, aquatics, recreation and adventure abound at our camp. Your kids will love spending their summer with us!

Drop off starts at 7am. Pick up ends at 6pm. You can sign up for one week or all of them!
There is a \$40 registration fee and a minimum of four days is required to participate.

4-DAY PRICES: Members = \$175 / Community Members = \$190

5-DAY PRICES: Members = \$215 / Community Members = \$235

LOCATION:

YMCA of Pueblo {3200 E. Spaulding Avenue}

REGISTRATION FEES:

\$40 per child*

\$10 each additional child*

*Due at registration

PARENT CHECKLIST:

Please ensure your camper(s) arrive with the following items:

Cold-style lunch [nut free]

Two additional [healthy] snacks

Water bottles

Sunscreen

Camper Weeks Available	Circle the days or weeks you need care
6/06 - 6/10	M T W TH F
6/13 - 6/17	M T W TH F
6/20 - 6/24	M T W TH F
6/27 - 7/01	M T W TH F
7/05 - 7/08	M T W TH F
7/11 - 7/15	M T W TH F
7/18 - 7/22	M T W TH F
7/25 - 7/29	M T W TH F
8/01 - 8/05	M T W TH F
8/08 - 8/12	M T W TH F

CAMPER INFORMATION:

Child's Name: _____

(please circle one): **Boy** **Girl**

Date of birth: ____ / ____ / ____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mother/Guardian: _____

Cell Phone: _____ Work Phone: _____

Father/Guardian: _____

Cell Phone: _____ Work Phone: _____

(please circle one): **Y Member** or **Community Member**

I wish to enroll my child in the session(s) at YMCA of Pueblo **Y Day Camp**, as noted. I have read all of the descriptions of the sessions, understand the requirements for participations and give my youth permission to participate. I will notify the Pueblo YMCA if my youth has any serious restrictions related to his or her participation. I have enclosed my **full registration fee**. I understand that my registration fee is non-refundable and that payments are deducted the 1st or 15th of the month (or Monday, first day of service).

Signature: _____ Date: _____

Submit to: 3200 E. Spaulding Ave. Pueblo, CO 81008 | Nicole Flanscha: (719) 543-5151 ext. 263 nflanscha@puebloymca.org



-OFFICE USE-

DEPOSIT AMOUNT: \$

STAFF INITIALS:

PARENT PACKET RECEIVED: YES/NO