

REGISTRATION FOR NYYM AT SILVER BAY

JYM REGISTRATION, ONE PERSON UNDER 18 YEARS OF AGE

BEFORE July 12 to: NYYM, 15 Rutherford Place, New York NY 10003

AFTER July 12 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 _____

Dayphone(_____) _____ Evening phone(_____) _____

E-mail address _____

Fee enclosed \$ _____

Arrival date _____ Departure date _____

July address, phone, if other than above _____

Check all that apply:

Female Male Vegetarian menu First time at YM/JYM

Special needs: hearing, walking, other: _____

Sponsor at YM if other than parent/guardian: _____

Grades 11 & 12 Worship Group choice _____

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

OFF-CAMPUS Housing Address _____

Meals: All week Only these meals: _____

ON-CAMPUS Housing: Please reserve a room in:

Would you prefer the same room assignment as last year's? yes no

First choice _____ Rate: \$ _____

Second choice _____ Rate: \$ _____

If these choices are not available, which is more important,

location, or price

Name of parent, guardian, or other roommate _____

Cluster with: _____

Need roommate; please assign one

APPLICATION TO NYYM FOR FINANCIAL ASSISTANCE.

Due 6/26/08

Source of other funds: Private \$ _____

Provided by Monthly Meeting \$ _____

Requested from Advancement \$ _____

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