

NYYM Summer Sessions Registration for **JYM**
One Person Under 18 Years Of Age
Silver Bay YMCA, Silver Bay, NY July 22–28, 2018

BEFORE July 18 return to: NYYM, 15 Rutherford Place, New York NY 10003, or office@nyym.org
AFTER July 18 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 (____) _____
Name of Parent/Guardian _____

Check all that apply:

Female Male Vegetarian First time at YM/JYM

Special needs: hearing seeing walking other: _____

Chaperone at YM if other than parent/guardian: _____

Grades 10, 11, & 12 Worship Group choice _____

(Worship groups are listed on the adult registration form—or choose “high school” to join the high school worship group.)

Silver Bay YMCA Housing:

Arrival day & date _____ **Departure day & date** _____

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

Name of parent/chaperone/other roommate _____

I will cluster with _____

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

_____ I am eating all meals on campus

Only these meals: _____

Request for financial assistance (due 7/2/18)

Source of funds: Private \$ _____

Provided by monthly/regional meeting \$ _____

Requested from Equalization Fund \$ _____

Registration fee enclosed (see fee chart) \$ _____

*Remember to review the Participant Expectations
and NYYM Agreements at nyym.org*