

**NYYM Summer Sessions Registration for JYM
One Person Under 18 Years Of Age**

Silver Bay YMCA, Silver Bay, NY July 17-23, 2011

*BEFORE July 11 return to: NYYM, 15 Rutherford Place, New York NY 10003
AFTER July 11 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 _____

Dayphone(_____) _____ 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 6/24/11)

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.