



TRAINING REGISTRATION FORM

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Camp/Agency Name: _____

Supervisor's Name: _____

Parent/Guardian's Signature if under 18: _____

Courses Registering for: _____

Extra Lodging per night \$25 : _____

Dates of extra lodging: _____ Total Cost: _____

Payment Option: _____ Check or Credit Card (payment taken online).

Make checks out to: YMCA Camp of Maine.

Please send registration form, copies of prerequisite certifications (if applicable), and payment to:

YMCA Camp of Maine,
Attn: Training Registration,
PO Box 446
Winthrop, ME 04364

Scan and Email forms to: luke@maineycamp.org Subject: Year, Training.