CAMP OLSON YMCA
Family Camp 2025

Registration Form

Return to:
Camp Olson YMCA
4160 Little Boy Rd NE
Longville, MN 56655
218-363-2207
www.campolson.org
info@campolson.org

( ) FAMILY CAMP (A) AUGUST 3-9, 2025
( ) FAMILY CAMP (B) AUGUST 10-16, 2025

Cabin/Site Preference (1)_____
(2)_____

We will be staying in our own TENT/TRAILER [ ]
Size of Trailer _____

FAMILY NAME:_____
PARENT'S NAME:_____
PARENT'S NAME:_____
OTHER ADULTS ATTENDING:_____

CHILD (RENS') NAMES:
(First & Last Names)
_____DOB____/____/____
_____DOB____/____/____
_____DOB____/____/____
_____DOB____/____/____
_____DOB____/____/____

HOME ADDRESS:

_____
(street) (city) (st) (zip)

HOME PHONE:_____
CELL PHONE:_____
EMAIL: _____

2ND FAMILY NAME:_____
PARENT'S NAME:_____
PARENT'S NAME:_____
OTHER ADULTS ATTENDING:_____

CHILD (RENS') NAMES:
(First & Last Names)
_____DOB____/____/____
_____DOB____/____/____
_____DOB____/____/____
_____DOB____/____/____
_____DOB____/____/____

2ND Family HOME ADDRESS:

_____
(street) (city) (st) (zip)

HOME PHONE:_____
CELL PHONE:_____
EMAIL: _____

A $1,000.00 NON-REFUNDABLE deposit is due with this registration. 50% of your remaining camp fee is due by February 1, 2025. The balance of your camp fee is due by June 1, 2024. BILLING STATEMENTS WILL BE SENT PRIOR TO THE DATE THAT THESE PAYMENTS ARE DUE.

CANCELLATIONS: PRIOR to February 1, all but your deposit will be refunded.
FEBRUARY 1-JUNE 1, loss of deposit and 50% of fees paid
AFTER JUNE 1, NO REFUNDS WILL BE ISSUED
(If we rebook your cabin all fees minus the deposit will be returned)

EARLY DEPARTURES: There will be no pro-rated fees for early departures.

I HEREBY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED ABOVE
(signature) (date)

We wish to pay by: [ ] check (enclosed) [ ] CC #_____ Exp. Date____/_____

Amount to be charged at this time: $_____

Automatically charge my credit card on February 1 for $_____ and on June 1 for $_____