



2012 FAMILY CAMP RESERVATION
 SKYLAKE YOSEMITE CAMP
 37976 Road 222, Wishon, CA 93669
 Tel 559-642-3720 ~ Fax: 559-642-3395

Please complete for each session you wish to attend.
 *Minimum cabin charge is 2 adults and 1 child.
 Children are 6-12 yrs. Old **Kids 5 and under are free.

Spring Weekends:

- A. May 25 to May 28 _____Adults/Teens@\$225_____ Children@\$160=\$_____Total
- B. May 31 to June 1 _____Adults/Teens@\$225_____ Children@\$160=\$_____Total

One Week Session:

August 11 to August 19 _____Adults/Teens@\$540_____ Children@\$380=\$_____Total

Fall Weekends:

- C. August 23 to 26 _____Adults/Teens@\$225_____ Children@\$160=\$_____Total
- D. Aug.31 to Sept. 3 _____Adults/Teens@\$225_____ Children@\$160=\$_____Total
- E. Sept. 6 to Sept. 9 _____Adults/Teens@\$225_____ Children@\$160=\$_____Total

Please Note: Weekend sessions A & D (Memorial Day & Labor Day) commence Friday night & conclude Monday after lunch. All other weekends commence Thursday night & conclude Sunday after lunch.

Payments, Deposits & Refund Policy

All sessions requires a \$300 deposit with the balance due by April 15, 2012

Cancellations within 60 days of arrival—result in a 50% refund, unless a substitute family fills the cabin. Cancellations more than 60 days prior to arrival—result in a 100% refund, less \$100.00 cancellation fee .



Please complete the information below for all adults and children included in your stay at Skylake Family Camp. If any of the minors in your group are not your own children, we request that you have an "Authorization to Treat" form completed and signed by those children's parents.

Name: _____ Age: _____
Emergency Contact: _____ Allergies, conditions _____

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Emergency Contact: _____ Allergies, conditions _____

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Emergency Contact: _____ Allergies, conditions _____

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Emergency Contact: _____ Allergies, conditions _____

Name: _____ Age: _____
Emergency Contact: _____ Allergies, conditions _____

If more than six people are in your group, please add a separate page with above information.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

Please Note that a \$300 deposit is required for ALL sessions with the balance being paid in full by April 15, 2012. Payment is enclosed in the amount of \$_____.

Checks should be made payable to Skylake Yosemite Camp.

Credit Card: MC/VISA/AMEX Card#: _____ Exp. Date: _____

Authorization: Name as it appears on credit card: (print) _____

Address where card statements are mailed: _____

Your signature: _____