



SKYLAKE YOSEMITE CAMP

2019 Family Camp Priority Enrollment Application (Return Prior to December 1st to retain Priority)

Reservation Name: _____

Weekend _____ Date _____

Number of Guests Total Cost for 2019

Adults/Teens (age 13+) # _____ @ \$325 \$ _____

Children (age 6-12) # _____ @ \$195

Toddlers (age 5 and under) # _____ (Free)

Names of Guests: (if a guest is under 18, please provide his/her date of birth)

Guest 1	Name:	DoB:	Guest 5	Name:	DoB:
Guest 2	Name:	DoB:	Guest 6	Name:	DoB:
Guest 3	Name:	DoB:	Guest 7	Name:	DoB:
Guest 4	Name:	DoB:	Guest 8	Name:	DoB:

Contact Details

Address: _____

Phone: _____

Email: _____

Payment Details

Name as it appears on your credit card: (please print)

Card#: _____ Exp. Date: _____

Address the card is registered to: (if different than above)

City: _____ State: _____ Zip _____

I authorize a \$300 deposit to be taken from this card upon receipt of this application, with the remaining balance to be charged on March 1, 2019.

Signature: _____ Date: _____

Reservation Requests or Notes:

Please return this form to Skylake via mail or email to:

37976 RD 222 #25

Wishon, CA 93669

office@skylake.com

Ph (559)642-3720

Cancellations more than 60 days before the start of Family Camp will receive a full refund less a \$100 cancellation fee

Cancellations less than 60 days before the start of the Family Camp will receive a 50% Refund