



Y Family Programs Registration Form

Indian Papoose Indian Guides/Princesses Trailblazers

2009/2010

CONTACT US:

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Tel : (818) 707-YMCA Fax : (818) 706-0282

Building Parent/Child Relationships!

PARENT INFO →

Mom/Dad/Family Last Name _____ Participating Parent's First Name _____ Mom Dad (check one please)
Home Street Address _____ City _____ CA _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____ Date of Birth _____
Employer _____ Profession/Occupation _____
Email for event and tribe information _____

SOURCE →

I know about this YMCA program from: Previous participation Someone told me Saw the ad in the paper
 Recommendation from a friend Received information from school Other _____

CHILD 1 INFO →

Child 1 First Name _____ Last Name _____ Boy Girl _____ Grade in Fall _____ School _____
Date of birth _____ Age _____
 I am in a RETURNING TRIBE/CLUB: Name _____ Chief: _____
 I am part of a GROUP FORMING A NEW TRIBE/CLUB/CIRCLE with: (list other parents & child's first & last names/max 10

 I am NEW to the program. Please put me with a great new tribe/club!

CHILD 2 INFO →

Child 2 First Name _____ Last Name _____ Boy Girl _____ Grade in Fall _____ School _____
Date of birth _____ Age _____
 I am in a RETURNING TRIBE/CLUB: Name _____ Chief: _____
 I am part of a GROUP FORMING A NEW TRIBE/CLUB/CIRCLE with: (list other parents & child's first & last names/max 10

 I am NEW to the program. Please put me with a great new tribe/club!

FEES PAYMENT →

Membership Fee: \$80 annually per family. Covers the administrative cost of your YMCA membership, and YMCA operating expenses. If you are already a Triunfo YMCA member and have already paid this fee (in connection with child care, day camp, etc.) you need not pay it again.

Program Fee: \$60 per participant. Each participant (parent and child) is required to pay this fee. It covers the cost of program administration, t-shirts, patches, handbooks, event coordination, permits for events, newsletters and postage, graduation awards, and more.

Family Membership Fee: 1 x \$80 \$ _____

Parent Fee: 1 x \$60 per participant..... \$ _____

Child Fee: _____ x \$60 per participant..... \$ _____

Total Fees Due..... \$ _____

Paid by: Ck # _____ Cash VISA MC DISC

_____ Credit Card Number

_____ Name On Card

_____ Expires

NOTES COMMENTS →

BRING THIS COMPLETED FORM TO THE BBQ, OR BRING TO THE YMCA OFFICE

For Office Use Only. Do not write below this line.

