



SKYLAKE YOSEMITE CAMP

2017 Family Camp Enrollment Application

Reservation Name: _____

Weekend _____ Date _____

Number of Guests

Total Cost for 2017

Adults/Teens (age 13+) # _____ @ \$295

\$ _____

Children (age 6-12) # _____ @ \$185

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

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

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

(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.)

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, 2017.

Signature: _____ Date: _____

Reservation Requests or Notes:

Please return this form to Skylake via mail, fax or email to:
office@skylake.com



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