Skylake Yosemite Camp ~ 2025 Family Camp ~ Enrollment Application

Reservation	on Name:					
Check on	e: Weekend A	Weekend B	Weekend	1 C '	Weekend [)
Weekend B A Weekend C A Weekend D	check in: Friday 5/23 - cl check in: Thursday 5/29 check in: Thursday 8/14 check in: Thursday 8/21 ved is breakfast the morning a	check out: Sunday 6/1 – check out: Sunday 8/ – check out: Sunday 8/	17 /24			al)
Cost and	Number of Guests:					
Adults/Teens (Age 13+): \$475		# Number of Adult/Teen guests:				
Children (ages 5-12): \$210		# Number of Children guests:				
Toddlers/Babies (4 and under) : Free		# Number of Toddler/Baby guests:				
*Minimum	to book a cabin is \$950					
Total Cost f	or 2024:					
Guest 1 Guest 2 Guest 3 Guest 4 Contact E *Address *Phone: Payment D	(Street, City, State,	DoB: DoB: DoB: DoB: Zip): *Ema	Guest 5 Guest 6 Guest 7 Guest 8	Name: Name: Name: Name:		DoB: DoB: DoB:
			Evn Date:		Code:	
Address the	e card is registered to: (if	different than above)				
Address:		City:		Sta	te:	Zip
balance to	a \$300 deposit to be tai be charged on March 1, rson responsible for pay	, 2025 for Weekend ,	A or B or Ma	ay 1, 2025	for Weekend	
Signature:_	gnature: Date:					

**Your Reservation is not confirmed until you receive a confirmation notice.

Please return this form to Skylake via email, or call us to register by phone!

familycamp@skylake.com Phone: 559-642-3720

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

^{*}Cancelations within 60 days of start of the Family Camp will receive a 50% Refund

^{*}Please note the minimum charge per cabin is \$950.