Skylake Yosemite Camp ~ 2026 Family Camp ~ Enrollment Application

Reservat	ion Name:					
Check on	e: Weekend A	_ Weekend B W	eekend C	Weeken	d D	
Weekend B ~ Weekend C ~ Weekend D ~	~ check in: Thursday 5/2 ~ check in: Thursday 8/ ~ check in: Thursday 8/2	check out: Monday 5/25 (N 28 check out: Sunday 5/31 13 – check out: Sunday 8/10 20 – check out: Sunday 8/20 ing after check-in. Last meal s	6 3		meals total)	
Cost and	Number of Gues	sts:				
Adults/Teen	ıs (Age 13+) : \$495	# Number of Adult/Tee	Number of Adult/Teen guests:			
Children (ages 5-12) : \$225		# Number of Children guests:				
Toddlers/Ba	bies (4 and under) : Fr	ee # Number of Toddler	Baby guests:			
*Minimum	to book a cabin is \$	990 / Note: Children's a	ge when at	Family Camp		
Total Cost	for 2026:					
NI	£ 0					
Names of Guest 1	T Guests: (Add Bii Name:	thdate for any guests DoB:	1	Name:	DoB:	
Guest 2	Name:	DoB:	Guest 5 Guest 6	Name:	DoB:	
Guest 3	Name:	DoB:	Guest 6 Guest 7		DoB:	
Guest 4	Name:	DoB:	Guest 7	Name:	DoB:	
Contact I	Details		ļ			
	s (Street, City, St	ate, Zip):				
*Phone:		*Em	ail·			
Payment De	<u>etails</u> appears on your credit	· card·				
ivallie as it o	appears on your creun	. caru.				
Card#:			xp. Date:	Code:		
		(if different than above)City:		State:	Zip	
balance to	be charged on March	aken from this card upon 1, 2026 for Weekend A o Nyment per cabin, we can	r B or May 1,	2026 for Weeke		
Signature: 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 \$990.