

YMCA Open Air Academy Registration

REGISTER ME FOR THE FOLLOWING - Please Check the Boxes Clearly

☐ Oct. 11-15 Fall Break Outdoor Appreciation & Wildlife Watching

CAMPER INFORMATION – Please Print Clearly

First Name:	MI:	Last Name:	
Address:	Apt:	_ City/State:	Zip:
Home Phone:	Email:		
Date of Birth:	Ethnicity (Optional):		Gender:
How did you hear about Ope	en Air Academy?		
PARENT OR LEGAL GUAR	RDIAN INFORMATION – Please	Print Clearly	
First Name:	MI:	Last Name:	
Address:	Apt:	_ City/State:	Zip:
Home Phone:	Primary Email:	:	
Cell Phone:	Secondary Ema	il:	
METHOD OF PAYMENT - I plan on paying: ☐ \$290	- Please Print Clearly Non-Member Rate □ \$240 M	lember Rate □ Ap	plying for Financial Aid
\$20 Non-Refundable Depos	it (If not paying in full at the time	of registration). No de	eposit necessary if applying for financial aid
I would like to help an additi	ional camper participate in Open A	ir Academy with an ad	ditional donation of: \$
□Visa □Mastercard □Ar	merican Express □Discover □ C	heck , please make pay	able to the YMCA of Metro Chattanooga
Card #:	Expiration	Date:	Credit Card Amount: \$
Name on Card:			
Address:	Apt:	City/State:	Zip:
Signature:			Date:

Checks: Please make payable to the YMCA of Metropolitan Chattanooga.

James A Henry Community YMCA Open Air Academy 615 Derby Street Chattanooga, TN 37404

ymcachattanooga.org