2016 Memorial Day Work Weekend Registration
Friday, May 27 to Monday, May 30

*Registration **appreciated** by Monday, April 18th for timely assignment of housing.*

Main Contact Name:_____ **Maiden** (if alum) _____

Address:_____

City:_____**State:**_____**Zip:**_____

Primary Phone: _____ **Alternate Phone:** _____

Birthdate: _____ **Email**:_____

How did you learn about Camp Manito-wish?_____

INFORMATION ON OTHER FAMILY/GROUP MEMBERS WHO WILL BE ATTENDING:
Please attach additional sheet if necessary.

Full Name	Maiden (if former camper)	Adult/Child	Birthdate	Address (if different than above)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cabin Preference: Please list three cabin preferences.

1._____ 2._____ 3._____

Want to share a cabin with another family? Family name _____

__ We **do not** need housing at Camp. ___ We **will** be at meals on ___Saturday ___ Sunday.

We would be interested in leading or assisting with the following:
Please indicate person interested in helping on line after event.
__ Camp show _____ __ Maple Syrup Cup Tennis Tournament _____
__ Campfire _____ __ Chapel music_____

I hereby give permission to use any video, photographs, or written statements from my personal/my family's experience in public relations materials including the internet without compensation.

IN CASE OF MEDICAL OR SURGICAL EMERGENCY, *I accept responsibility for medical/surgical treatment charges which may be incurred on my personal/my child's/my family's behalf.*

Date_____ **Signature**_____

Return via email to camp@manito-wish.org (Put "**Memorial Day**" in the subject line) **OR via mail or fax:**
Camp Manito-wish YMCA ♦ P.O. Box 246, Boulder Junction, WI 54512
Phone: (715) 385-2312 ♦ Fax: (715) 385-2461 ♦ www.manito-wish.org