



CABIN FEVER

YMCA CAMP KITAKI

Campout Detail:
Saturday, February 11, 2012 to
Sunday, February 12, 2012
Ages 7-12

Contact Information:
Phone 402-434-9222
Fax 402-434-9208
Online YMICALINCOLN.ORG

PROGRAM: Kids have cabin fever? Camp Kitaki has the cure! Join us for a magical overnight filled with, crafts, sledding (weather permitting), spells, Quidditch and other wizard games, and a chance to win the house cup!

PURPOSE: Our goal is to help campers beat the winter blues, make new friends, and experience the magic of Kitaki like never before.

SESSION DATES: Saturday, February 11 - Sunday, February 12, 2012.
Session begins at 3:00 PM and ends at 1:00 PM

AGES: 7-12

FEE: \$55 (Payable by Cash, Check or Visa/MasterCard)

WHAT TO BRING: Warm clothes for outdoor activities, sleeping bag or blankets, pillow, personal items (toothbrush, comb etc.) boots, gloves and hat.

LABEL EVERYTHING! Camp is not responsible for lost or stolen items

TO REGISTER: Call 402-434-9222, mail or fax (402-434-9208) in this registration form, or register online at ymcalincoln.org

IMPORTANT THINGS TO KNOW:

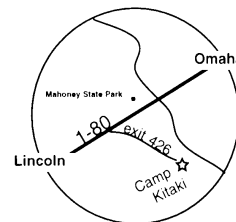
- Meals, lodging, great staff, games, friends and fun are all included.
- Space is limited, session closes when full.
- No refunds will be issued.
- You are responsible for transporting your child to and from camp.
- Confirmations will be sent by email.
- Camp is not responsible for lost items, please label everything.

GETTING YOUR CAMPER THERE:

Only 30-40 minutes from Lincoln or Omaha

Bring your child to camp at 3:00 PM
February 11, 2012

Pick your child up at camp at 1:00 PM
February 12, 2012



YMCA Camp Kitaki

CABIN FEVER CAMPOUT 2012

YMCA CAMP KITAKI - REGISTRATION FORM:

Saturday, February 11, 2012 -3:00 PM To Sunday, February 12, 2012 -1:00 PM

YMCA Camp Kitaki Registration Fee \$55- Financial aid is available. Ages 7-12

CAMPER NAME _____
ADDRESS _____ CITY _____ ZIP _____
CAMPER IS: MALE FEMALE AGE _____ BIRTHDATE ___/___/___

PARENT'S NAME _____
PARENT'S BIRTHDATE ___/___/___ HOMEPHONE (____) _____ - _____ 2nd PHONE (____) _____ - _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT (other than parent) _____ PHONE (____) _____ - _____

Cabinmate request (limit one) _____ Campers must request each other and be of similar age.

ATTENTION PARENT: In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I understand that the YMCA does not carry health and accident insurance and that I as Guardian, will be responsible for any bills incurred. Camp Kitaki has my permission to use any photograph or video of my child in its promotional material. I understand that no refunds will be issued. I understand that Camp Kitaki is not responsible for lost items or personal belongings. I understand that it is my responsibility to transport my child to and from camp.

Parent/Guardian's Signature: _____ Date _____

To pay by credit card: Master Card Visa Card # _____ Exp. Date ___/___/___
Amount Charged _____ Card holder's signature _____

PLEASE SEND REGISTRATION AND FEE TO:

YMCA CAMP KITAKI, 570 Fallbrook Blvd., Suite 210 LINCOLN, NE 68521 or FAX to 402-434-9208