Send completed form to: SKY LAKE 2022 FAMILY WINTER RETREAT REGISTRATION

Sky Lake Camp & Retreat Center 501 William Law Road Windsor NY 13865 607.467.2750 / 607.467.4612 (fax) registrar@skylakecenter.org

Family Winter Weekends—Friday Evening Arrival

- Riley Lodge-adult, age 18+ (Jan. 14-17) // (Feb 18-21) \$235 per adult »
- Riley Lodge-youth, ages 12-17 (Jan. 14-17) // (Feb 18-21) \$210 per youth »
- Riley Lodge-child, ages 3-11 (Jan. 14-17) // (Feb 18-21) \$110 per child »

> Toddlers (ages 2 and under) are our treat for all family events!

- Family Winter Weekends—Saturday Morning Arrival
 - Riley Lodge-adult, age 18+ (Jan. 15-17) // (Feb 19-21) \$195 per adult »
 - Riley Lodge-youth, ages 12-17 (Jan. 15-17) // (Feb 19-21) \$175 per youth »
 - Riley Lodge—child, ages 3-11 $\,$ (Jan. 15-17) // (Feb 19-21) \$100 per child »
- > Toddlers (ages 2 and under) are our treat for all family events!

Covid-19 Protocols

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EAMILY INFO

- Capacity for our Family Winter Weekends will be limited
 - To maintain compliance with current orders in New York State, we are limiting our 2022 Family Winter Weekends to individuals who are fully vaccinated against Covid-19 (children who are not yet old enough to be eligible for the vaccine are exempt from this.) Proof of vaccination will be required.
- Masks which fully cover the mouth and nose will still be required when moving about in common areas and «strongly» encouraged when seated with individuals from outside one's household

Name				
Address				
City			Zip	
Home Phone Wo	Work Phone		Phone/Pager	
Email				
Name of Church	City		Denomination	
Emergency Contact				
Name	Daytime Phone	E۱	vening Phone	
We first heard about Sky Lake through: O Church O Bro	chure O Website O Family C	O Friend O Newspaper	O Agency O Other	
Event for which we are registering (please complete a se	eparate form for each event):			
 Family Winter Weekend 1 (January) Friday Night Arrival (anytime after 6pm) Saturday Morning Arrival (anytime after 10am) 		al (anytime after 6pm)	LOam)	

Please list those attending:				
Adults	M/F	Children	M/F	Birthday
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Dietary Concerns:				
Medical Concerns:				
Make checks payable to "UNYAC" with "Sky Lake" in the memo line.		unt to be placed on card (if other		
	Card	Number:		;
Method of payment:		rity Code:		
□ Check #		e on Card (please print):		
		holder's Signature: ferent from mailing address:		
□ Visa		_		
MasterCard		lling Address:		Zip:
□ MasterCard		ty:		Ζ

EVENT