



2009 Menogyn Summer Rendezvous and 87th Reunion Registration Form

Name _____ Connection to Menogyn _____ Age _____ M/F
 Name _____ Connection to Menogyn _____ Age _____ M/F
 Name _____ Connection to Menogyn _____ Age _____ M/F
 Name _____ Connection to Menogyn _____ Age _____ M/F
 (Please use back of page to list additional attendees or expand on your connection if necessary)

Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Business or Cell Phone _____
 Emergency Contact _____ Emergency Phone Number _____
 Please identify and participants who have dietary restrictions or allergies that may affect program participation or that should be aware of in the event of emergency _____

Arrival, Meals, and Housing Information

Expected Arrival Date _____ Arrival Time _____

Please write the number of people attending each meal:

___ Dinner 7/24 ___ Breakfast 7/25 ___ Lunch 7/25 ___ Banquet 7/25 ___ Breakfast 7/26 ___ Lunch 7/26

Total # of Meals ___ (suggested \$6 donation each)

___ We will make arrangements to stay elsewhere

Options and Activities- Please check the activities you're interested in

___ Historical Menogyn Tour ___ Saturday Night Contra Dance ___ Bearskin Canoe Races

___ Day trips to places like Rose Falls, Caribou Rock, etc. ___ Arts and Crafts Any suggestions for activities: _____

___ I can not attend the rendezvous but would like to make a donation to Camp Menogyn's annual YPartners campaign.

Donation Information

Total # of Meals at Menogyn ___ x \$6 suggested donation = \$ _____

Optional Additional Donation to Camp Menogyn \$ _____

Total donation payable to YMCA Camp Menogyn: \$ _____

___ Check enclosed

___ Please bill my: ___ Visa ___ MasterCard ___ Discover Card ___ Am Ex.

Card # _____ Exp. Date _____

Signature _____

Please list the names and addresses of others you would like to know about this event:

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Please return this form to
 (If sending before 5/15/09):
YMCA Camp Menogyn
 3425 Ihduhapi Rd.
 Loretto, MN 55357
 (fax) 612-823-2482

Please return this form to:
 If sending after 5/15/09:
YMCA Camp Menogyn
 55 Menogyn Trail
 Grand Marais, MN 55604
 Fax: 218.388.0944

Please Contact Mo Martin at 763-230-9310 or maureen.martin@ymcamppls.org if you've got any questions.