NOANY, Inc C	amp Na	wakwa - Attenda	ance/User Fee Rep		To (Date)	
** Effective Jan	uary 1, 2	022 this form shoul	ld be used for either m	(Date) nid-week or weekend r		
Host Name:			Preparer (If d	Preparer (If different from host):		
Phone:			Phone:	Phone:		
Email:			E-mail:			
Co-Host: (One pe	rson onl	y)				
Camp Fees:						
Oay Fees Keyholder: \$15 Applicant: \$20 Adult Guest: \$20 Under 18: \$10 Covernight Fees Keyholder: \$20 Applican Adult Guest: \$30 Under 18:		-				
Keyholder Example etc.	e: one day o	nly stay is \$15; 2 days (1	overnight) stay is \$20; 3 da	nys (2 overnights) is \$30 tota	al, 4 days (3 overnights) is \$40;	
Keyholders Total # Day only Overnight			Minors(under 18) Total # Day only Overnight	Passports Holders: Total # Day only Overnight		
	Total \$ = \$		Total \$ = \$		Total Day Fees\$	

Note: To minimize checks, please ask registrants to make checks payable to the host, who in turn will consolidate the

total into one final check, payable to: **NOA NY, Inc.**

Please send this report and final check to: Suzanne Rocheleau, NOANY, Inc. Deposits

300 Albany Street, Apt. 4J New York, NY 10280

(Total Day Fees + all Others)