

Attendance/User Fee Report Dates from _____ To _____

Monday

Host Name: _____

Preparer: _____

Phone:

Phone: _____

Email:

Email:

Co-Host:

One person only

Camp Fees:

<u>Day Fees</u>		<u>Overnight Fees</u>	
Keyholder: \$15	Applicant: \$20	Keyholder: \$20	Applicant: \$30
Adult Guest: \$20	Under 18: \$10	Adult Guest: \$30	Under 18: \$15

Keyholder Example: 1 day only is \$15; 2 days (1 overnight stay) is \$20; 3 days (2 overnights) is \$30 total, 4 days (3 overnights) is \$40, etc.

Keyholders	Adult Guests/Applicants	Minors (under 18)	Passport Holders	Totals for this Period
Total Number _____	Total Number _____	Total Number _____	Total Number _____	Total attendees for this period _____
Day only _____	Day only _____	Day only _____	Day only _____	
Overnight _____	Overnight _____	Overnight _____	Overnight _____	
Total \$_____	Total \$_____	Total \$_____	Total \$_____	Total Camp Fees \$_____
<u>Other Collected Funds:</u> Donations \$_____ + Black Lock Box \$_____ + Above Total Camp Fees \$_____ = Total Fees \$_____				

Note: Please empty black lock box on desk and send to Suzanne Rocheleau as shown below. To minimize checks, please ask registrants to make checks payable to the host, who in turn will consolidate into one final check.

Mail this report and check to: **Susanne Rocheleau, NOANY Inc.**

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

Or, email forms and Zelle money to rocheleau3@gmail.com with the notation 'Total Fees dates from _____ to _____'.