



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CAMP STAFF ONLY:

Staff Initial: _____ Date: _____

*Check availability on enrollment spreadsheet.

CAMP CHANGE/CANCELLATION FORM

Use this form only if child is already registered (please use a separate form for each child). Please submit to YMCA Front Desk or Camp Staff.

Select Purpose of form: CANCEL WEEK(S) CHANGE WEEK/DAYS ADD WEEK(S)

Camper's Name & Age _____ Parent/Guardian's Name _____

Primary Phone Number _____ Primary Email _____

CANCEL WEEK:

Current Registered Camp Week(s): _____

CHANGE WEEK:

Current Registered Camp Name & Week: _____

New Camp Name & Week: _____

(Based on availability)

ADD WEEK(S) (Based on availability):

New Camp Name & Week: _____

New Camp Name & Week: _____

New Camp Name & Week: _____

New Camp Name & Week: _____

New Camp Name & Week: _____

Office Only: Payment Taken Deposit Paid in Full

Payment Method Cash Check Method on file ending in _____ (last four digits)

Deposits are non-refundable

A YMCA credit will be issued minus the deposit only if parent/guardian is canceling 7 days prior to the start of the camp week registered for. Weeks of camp can be added on a space available basis.

Parent/Guardian Signature _____

Date _____

CAMP REGISTRAR USE ONLY:

Date Processed: _____ Initials: _____ Confirmation Sent: _____