



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUSINESS DESK 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 Business Desk or Camp Registrar.

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)

CHANGE DAYS: (for partial weeks only):

CURRENT DATES (3 boxes should be checked here) Mon Tue Wed Thu Fri

NEW DATES (3 boxes should be checked here) Mon Tue Wed Thu Fri

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: _____