



# 2019 SOUTH SOUND YMCA SUMMER CAMP CHANGE FORM

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

CHILD'S NAME: \_\_\_\_\_ PARENTS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_

WEEK #	CURRENT CAMP THEME/LOCATION	CHANGE REQUESTED
Week 1 June 24 - 28		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 2 July 1 - 3		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 3 July 8 - 12		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 4 July 15 - 19		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 5 July 22 - 26		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 6 July 29 - Aug 2		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 7 Aug 5 - Aug 9		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 8 Aug 12 - 16		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 9 Aug 19 - 23		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:
Week 10 Aug 26 - 27		<input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER TO:

**REFUND POLICY:** All cancellations must be made in writing by completing this form, available at the Briggs YMCA and Plum Street YMCA. Refunds will be reviewed and processed within 7– 11 days. A **non-refundable deposit** per week of camp is required for registration. Cancellation and changes must be made **2 weeks prior** to the week of camp. Refunds are available and the deposit is transferable (if changing to a different theme or location) only if changes are requested 2 weeks prior to the week of camp. **No refunds are allowed after payment due date.** Refunds will be available in the form of system credits in the computer, by check, or by debit/credit card (debit/credit card refunds are available only if payment was originally made with credit card). If paid with check or cash, a \$5 processing fee will be deducted from the amount you are refunded. All refunds are subject to approval.

**REFUND REQUESTED:** Amount Requested: \$ \_\_\_\_\_ **REQUESTED FORM** (circle One): System Credit Debit/Credit Card Check

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STAFF USE ONLY:** Received by (please print): \_\_\_\_\_ Date: \_\_\_\_\_ Member # \_\_\_\_\_ Scanned to P Drive \_\_\_\_\_

**ACCOUNTING:** Approved \_\_\_\_\_ Denied \_\_\_\_\_ Refund \$ \_\_\_\_\_ (if differs) Initial/Date: \_\_\_\_\_