



# 2020 SOUTH SOUND YMCA SUMMER CAMP CHANGE FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

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

WEEK #	CURRENT CAMP LOCATION	CHANGE REQUESTED
Week 1 June 15 19		<input type="checkbox"/> CANCEL TRANSFER TO:
Week 2 June 22 26		CANCEL TRANSFER TO:
Week 3 June 29 July 2		CANCEL TRANSFER TO:
Week 4 July 6 10		CANCEL TRANSFER TO:
Week 5 July 13 17		CANCEL TRANSFER TO:
Week 6 July 20 24		CANCEL TRANSFER TO:
Week 7 July 27 31		CANCEL TRANSFER TO:
Week 8 Aug 3 7		CANCEL TRANSFER TO:
Week 9 Aug 10 14		CANCEL TRANSFER TO:
Week 10 Aug 17 21		CANCEL TRANSFER TO:
Week 11 Aug 24 28		CANCEL TRANSFER TO:
Week 12 Aug 31 Sept 1		CANCEL 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 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credits in the computer, by check, or by debit/credit card (debit/credit card refunds are available only if payment was originally made with credit card).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 (Check 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: \_\_\_\_\_

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

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**Your feedback is a gift, please feel free to share it with us!**