



CAMP CANCELLATION / CHANGE FORM

Participant Name (s): _____ Type of Camp: _____

Current Camp Session Name/Date: _____ Today's Date: _____

Choose Type of Change: **\$25.00 Each**

Session Change

Choose Type of Change: **No Charge**

Buddy Request or Change

Transportation Change/Addition

Session/Week Addition

Cancellation Request: **(Deposit is Non-Refundable)**
Please call to discuss other session options!

Cancellation

Describe Changes/Cancellation Required:
Please provide details

Parent Name _____

Address _____

City, State, Zip _____

Email Address _____

Phone _____

By signing below, I am authorizing the changes or cancellations indicated above and agree to pay for any fees associated with change.

X

Parent / Guardian
Signature

Payment information: Check Enclosed Credit Card: **Visa Master Card Discover American Express**

Card Holder Name: _____ Card Number _____ Exp. Date _____

I agree to pay above total amount according to card issuer agreement. **X** _____

For safety and quality of program, all changes must be received by Monday, one week prior to camp session week. Changes received after may not be accommodated. Thank you!

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