

YDAY CAMP™

We build strong kids, strong families, strong communities.

YMCA's of Greater St. Paul & Metropolitan Minneapolis **CHANGE/CANCELLATION FORM**

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

Day Camp Name / Location: _____ Today's Date: _____

Check for Session Change: **\$10.00 Each**

Session Change

Choose Type of Change: **No Charge**

Buddy Request or Change Bus Change
 Session Addition Before / After Care
Change (Add / Delete)

Cancellation Request: **(Deposit is Non-Refundable)**

Cancellation

Describe Type of Change/Cancellation
Required: (Include Current/New)

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 MasterCard 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 will not be accepted. Thank you!