

ALBANY YMCA SUMMER CAMP 2019 *CAMP CHANGE FORM*

Please complete one form per child. Return to Albany YMCA, 921 Kains Avenue, Albany, CA 94706; (510) 525-1130, or e-mail to albanycamp@ymca-cba.org

Child's Name _____ Entering grade (Fall 2019) _____

Date _____

Please *ADD* the following week(s):

Camp Name _____ Week of _____

Camp Name _____ Week of _____

Camp Name _____ Week of _____

Camp Name _____ Week of _____

I understand that there is a \$25 deposit due for each week of camp that I add. If it is less than 14 days before the camp start date I must pay the weekly camp fee in full.

Parent Name _____ Phone: _____

Parent Signature _____ Comments _____

Please *CANCEL* the following :

Camp Name _____ Week of _____ \$ _____

Camp Name _____ Week of _____ \$ _____

Camp Name _____ Week of _____ \$ _____

Camp Name _____ Week of _____ \$ _____

I understand there is no refund for the \$25 deposit for each week. I also understand that a refund of the fees (less deposit) is only available if this completed form is received by the Albany YMCA at least 14 days (two weeks) prior to the camp start date.

Parent Name _____ Phone: _____

Parent Signature _____ Comments _____

OFFICE USE ONLY:

Change form taken by _____ (YMCA staff) Date received _____

Cancellation processed by _____ Date: _____

Refund/credit amount (if any): _____ Refunded Amount paid _____

Credit voucher Voucher applied to _____