

# ALBANY YMCA SUMMER CAMP 2020 *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@ymcaeastbay.org](mailto:albanycamp@ymcaeastbay.org)

Child's Name \_\_\_\_\_ Entering grade (Fall 2020) \_\_\_\_\_

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 (\$100 for bike camp weeks). 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 (\$100 for bike camp weeks). 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 \_\_\_\_\_

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**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 \_\_\_\_\_