

Summer Camp - 2019 TRANSFER/DISENROLL FORM

TODAY'S DATE: _____ Child's Name: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

TRANSFER

<p><u>From</u> Week ____ Site/Program _____</p> <p>Week ____ Site/Program _____</p> <p>Week ____ Site/Program _____</p> <p>Week ____ Site/Program _____</p>	<p><u>To</u> Week ____ Site/Program _____</p> <p>Week ____ Site/Program _____</p> <p>Week ____ Site/Program _____</p> <p>Week ____ Site/Program _____</p>
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DISENROLL

Parents: Note week number, camp name, and circle Partial Refund or Credit. Staff will calculate the partial refund/credit due.

NO PARTIAL REFUND/CREDIT AFTER:

____ Week 1 Camp Name _____ (6/24-6/28)	6/4/2019
____ Week 2 Camp Name _____ (7/1-7/5)	6/11/2019
____ Week 3 Camp Name _____ (7/8-7/12)	6/18/2019
____ Week 4 Camp Name _____ (7/15-7/19)	6/25/2019
____ Week 5 Camp Name _____ (7/22-7/26)	7/2/2019
____ Week 6 Camp Name _____ (7/29-8/2)	7/9/2019
____ Week 7 Camp Name _____ (8/5-8/9)	7/16/2019
____ Week 8 Camp Name _____ (8/12-8/16)	7/23/2019
____ Week 9 Camp Name _____ (8/19-8/23)	7/30/2019
____ Week 10 Camp Name _____ (8/26-8/30)	8/6/2019

Please note: **A \$25.00 administrative fee (per week) will be retained on all disenroll requests.** Any partial refunds/credits due to the account holder will be processed approximately 10-14 business days after submitting this form. Any partial refund/credit due will automatically be applied to future balance due draft payments.

Parent signature _____ Date _____

Form received by _____ Date _____
(YMCA Staff)

YMCA Staff use only

Week _____ Original amount paid _____ Partial Refund/Credit Amount _____

Week _____ Original amount paid _____ Partial Refund/Credit Amount _____

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Week _____ Original amount paid _____ Partial Refund/Credit Amount _____

TOTAL (PARTIAL REFUND) (CREDIT) AMOUNT \$ _____

Reason for cancellation/notes for YMCA camp staff:

Processed by _____ Date _____
(YMCA Staff)