

Summer Camp - 2020 TRANSFER/DISENROLL FORM

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

Parent/Guardian Name: _____ Phone: _____

Email: _____

TRANSFER

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

DISENROLL

Parents: Note week number and camp name. Staff will calculate the partial refund/credit due.

NO PARTIAL REFUND/CREDIT AFTER:

____ Week 1 Camp Name _____ (6/22-6/26)	6/1/2020
____ Week 2 Camp Name _____ (6/29-7/3)	6/8/2020
____ Week 3 Camp Name _____ (7/6-7/10)	6/15/2020
____ Week 4 Camp Name _____ (7/13-7/17)	6/22/2020
____ Week 5 Camp Name _____ (7/20-7/24)	6/29/2020
____ Week 6 Camp Name _____ (7/27-7/31)	7/6/2020
____ Week 7 Camp Name _____ (8/3-8/7)	7/13/2020
____ Week 8 Camp Name _____ (8/10-8/14)	7/20/2020
____ Week 9 Camp Name _____ (8/17-8/21)	7/27/2020
____ Week 10 Camp Name _____ (8/24-8/28)	8/3/2020

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 _____

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)