



**YMCA OF THE INLAND NORTHWEST  
SUMMER DAY CAMP 2017  
Change & Cancel Form**

**CHANGE & CANCEL POLICY:** Advance written notice for cancellations and changes are accepted at the Corporate Business Office **by Wednesday of the week before** the weekly session you are canceling or changing, otherwise, the full price will be charged for that week. DSHS participants must also complete this form in order to cancel and not be charged when DSHS does not pay.  
**We cannot give credit for days missed due to illness or any other unforeseen circumstances.**  
**WRITTEN notice must be given directly to the YMCA Corporate Business Office:** 1126 N Monroe, Spokane WA 99201.  
 Fax: 343-4096 or Email: ymca@ymcaspokane.org  
 \$10 Deposits are non-transferable and non-refundable. Refunds are subject to a \$5 service fee.

**Child's Name:** \_\_\_\_\_ **Camp Location:**  Corbin Park /Central Y  North Y  Valley Y  South Hill

**Date of Birth** \_\_\_\_\_ **Camp Name:**  Summer Day Camp  Triangle Club  NORTH-Adventure Club

**Week 1 – June 19-23:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F **Comments:** \_\_\_\_\_

**Week 2 – June 26-30:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 3 – July \*5-7:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: - - W TH F \_\_\_\_\_

**Week 4 – July 10-14:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 5 – July 17-21:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 6 – July 24-28:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 7 – July31-Aug4:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 8 – Aug 7-11:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 9 – Aug 14-18:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 10 – Aug 21-25:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W TH F \_\_\_\_\_

**Week 11 – Aug28-30:**  Cancel or  Transfer to Week # \_\_\_\_\_ or  Change days to: M T W - - \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check if you receive:**  Financial Assistance  DSHS or other 3<sup>rd</sup> Party Pay

**If PAYMENT is required: Make checks payable to YMCA or charge CREDIT/DEBIT CARD:**  Visa  MasterCard  Discover

Check # \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ **TOTAL PAID \$** \_\_\_\_\_

Staff Use only: Date Received \_\_\_\_\_ Int \_\_\_\_\_ Date Posted \_\_\_\_\_ Int \_\_\_\_\_