



YMCA OF THE INLAND NORTHWEST SUMMER DAY CAMP 2020 Change & Cancel Form

\$20 Fee is non-refundable & non-transferable/week/child

CHANGE & CANCEL POLICY: Advance written notice for cancellations and changes must be turned in **by Monday of the week before** the weekly session you are canceling and/or changing; otherwise, the full price will be charged for that week. Refund requests need to be in writing by Monday before the week they are to attend and fees will be refunded minus the \$20 non-refundable fee/week/child. We cannot give credit for days missed due to illness, suspension or any other unforeseen circumstances.

ALL WRITTEN notices must be given directly to the YMCA Corporate Business Office: 1126 N Monroe, Spokane WA 99201. In person or Email: schoolageprograms@ymcainw.org (Please confirm we received it.)

Child's Name(s): _____ Birth Date(s): _____

Camp Location: Central Y/Emerson Park North Y Valley Y South Hill - Grade in the Fall: _____. Camp/Club registered for: _____

All over-payments are applied to balances owing first.

- WEEK 1 - June 15-19: Cancel all days
- WEEK 2 - June 22-26: Cancel all days
- WEEK 3 - June 29-July 2*: Cancel all days
- WEEK 4 - July 6-10: Cancel all days
- WEEK 5 - July 13-17: Cancel all days
- WEEK 6 - July 20-24: Cancel all days
- WEEK 7 - July 27-31: Cancel all days
- WEEK 8 - Aug 3-7: Cancel all days
- WEEK 9 - Aug 10-14: Cancel all days
- WEEK 10 - Aug 17-21: Cancel all days
- WEEK 11 - Aug 24-28: Cancel all days

*Closed Friday, July 3rd.

- 1 - Change 3 days to 5 days. Change 5 days to 3 days.
- 2 - Change 3 days to 5 days. Change 5 days to 3 days.
- 3 - Change 3 days to 4* days. Change 4* days to 3 days.
- 4 - Change 3 days to 5 days. Change 5 days to 3 days.
- 5 - Change 3 days to 5 days. Change 5 days to 3 days.
- 6 - Change 3 days to 5 days. Change 5 days to 3 days.
- 7 - Change 3 days to 5 days. Change 5 days to 3 days.
- 8 - Change 3 days to 5 days. Change 5 days to 3 days.
- 9 - Change 3 days to 5 days. Change 5 days to 3 days.
- 10 - Change 3 days to 5 days. Change 5 days to 3 days.
- 11 - Change 3 days to 5 days. Change 5 days to 3 days.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY: Date Received _____ Staff Initials _____ Financial Assistance _____ %

Scanned to Business Office- Date _____ Staff Initials _____ Date Entered _____ Staff Initials _____