



**YMCA OF THE INLAND NORTHWEST
SUMMER DAY CAMP 2025
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 4:00pm on 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 4:00pm on Monday of the week 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.
Or Email: Childcare-Schoolageprograms@ymcainw.org (Please confirm we received it.)

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

Camp Location: Central Y North Y Valley Y South Hill

Grade in the Fall: _____.

<p>Cancel:</p> <p>WEEK 1 <input type="radio"/> – June 18-20</p> <p>WEEK 2 <input type="radio"/> – June 23-27</p> <p>WEEK 3 <input type="radio"/> – June 30-July 2*</p> <p>WEEK 4 <input type="radio"/> – July 7-11</p> <p>WEEK 5 <input type="radio"/> – July 14-18</p> <p>WEEK 6 <input type="radio"/> – July 21-25</p> <p>WEEK 7 <input type="radio"/> – July 28-Aug 1</p> <p>WEEK 8 <input type="radio"/> – August 4-8</p> <p>WEEK 9 <input type="radio"/> – August 11-15</p> <p>WEEK 10 <input type="radio"/> – August 18-22</p> <p>WEEK 11 <input type="radio"/> – August 25-27</p> <p align="center">*Closed Thursday and Friday, July 3rd & 4th.</p>	<p>All over-payments are applied to balances owing first.</p> <p>1 - 3-day week only.</p> <p>2</p> <p>3 - 3-day week only.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11- 3-day week only. Central & North locations only.</p>
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Parent/Guardian Signature _____ Date _____

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

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