



YMCA
We build strong kids,
strong families, strong communities.

2010 Summer Camp Cancellation form

For the cancellation and/or refund to be processed, you must read and initial ALL of the following:

- _____ I understand that refunds for swim lessons will be given only when accompanied by a doctor's note or for reasons of bereavement. No refunds or exchanges will be given for missed lessons due to any other circumstances.
- _____ I understand that refunds/credits cannot be considered unless submitted in writing. This form may be submitted via:
- Email to ECamp@ymcasf.org
 - U.S. Mail to:
Administrative Services Director
169 Steuart Street, San Francisco CA 94105
 - Fax to 415-957-1260
- _____ I understand that the refund or credit amount is determined by the date this form is received at the branch. The postmark, email date or fax "timestamp" serve as the refund request date:
- When a request is received 4 or more weeks before the 1st day of the session, a refund for 100% of the session fee (minus the \$40 non refundable deposit) will be issued
 - When a request is received 3 weeks before the 1st day of the session, a refund for 50% of the session fee (minus the \$40 non refundable deposit) will be issued; **you must pay the entire remaining outstanding balance**
 - When a request is received less than 3 weeks before the 1st day of the session no refund can be issued; **you must pay the entire remaining outstanding balance**
- _____ I understand that refund requests due to medical reasons must be accompanied by physician documentation
- _____ I understand that, if approved, my refund will be processed within 10 business days. If I paid by credit card the refund will be applied to my credit card otherwise I will receive a check

Please provide the following information:

Parent/Guardian Name: _____ Member #: _____

Camper Name: _____

Program (Check One): ___Pioneers ___Adventurers ___Explorers ___Movin' On

Session Date(s): _____

Cancellation Reason: _____

I would like a: ___ Refund ___ Credit Applied To My YMCA Account

Credit Card #: _____ Exp Date: ___/___

Office Use Only:

Date Received: _____ Approved By: _____ Received Via: ___ Email ___ U.S. Mail ___ Fax

Credit/Refund%: _____ Credit/Refund Amount: \$ _____ Credit/Refund Issue Date: ___/___