



Stonestown Family YMCA

2019 SUMMER CAMP CANCELLATION REQUEST

Before submitting your request, please read and initial ALL of the following:

____ I understand that deposits are NON-REFUNDABLE. If I have paid only the deposit at registration, this cancellation request will remove my child from the roster and the remaining balance due from my account, but I will *not* receive a refund.

If you have made full payment for the camp session and are requesting a change prior to the 14 day deadline, please select one of the following:

- I would like to transfer to another camp session (space must be available).
- I would like to transfer my payment to a future camp balance.
- I would like a check or credit card refund, minus the deposit. Check refunds can only be issued for amounts over \$20.

____ I understand that no credits, refunds, or transfers are allowed within 14 days from the start date of the program for which I registered.

____ I understand that refund requests due to medical reasons must be accompanied by documentation signed by your physician.

____ I understand that, if approved, my refund will take two to four weeks to process.

Please provide the following information:

Date: _____

Parent/Guardian Name: _____

Phone: _____

Camper Name: _____

Camp Session(s) to Cancel: _____

Camp Session(s) to Add (if any): _____

Reason: _____

Parent/Guardian Signature: _____

OFFICE USE ONLY

Date received: _____ Staff Initials: _____ Received via: Mail Front Desk E-mail