



We build strong kids, strong families, strong communities.

**YMCA's of Greater St. Paul & Metropolitan Minneapolis  
CHANGE/CANCELLATION FORM**

Participant Name : \_\_\_\_\_ Type of Day Camp: \_\_\_\_\_  
Day Camp Name / Location: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check for Session Change: **\$10.00 Each**

Session Change

Choose Type of Change: **No Charge**

- Buddy Request or Change
- Session Addition
- Bus Change
- Before / After Care Change (Add / Delete)

Cancellation Request: **(Deposit is Non-Refundable)**

Cancellation

Describe Type of Change/Cancellation Required: (Include Current/New)

[Large empty box for describing change/cancellation]

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

*By signing below, I am authorizing the changes or cancellations indicated above and agree to pay for any fees associated with change.*

**X**

\_\_\_\_\_  
Parent / Guardian  
Signature

Payment information:  Check Enclosed  Credit Card: **Visa    MasterCard    Discover    American Express**

Card Holder Name: \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

I agree to pay above total amount according to card issuer agreement. **X** \_\_\_\_\_

**For safety and quality of program, all changes must be received by Monday, one week prior to camp session week. Changes received after will not be accepted. Thank you!**