



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CAMP ARROWHEAD CANCEL Weeks 2018

Registration must be completed and signed by parties responsible for camper's account. One-registration per camper.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|--|
| Camper's Name (Must already be Registered) | | | | | | | | | | |
| Camper's Grade | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Registered Account Holder's Name | | | | | | | | | | |
| Relationship to Child | | | | | | | | | | |
| Email Address (required for billing) | | | | | | | | | | |
| Cell No. and/or Emergency Day Phone: | | | | | | | | | | |

TO CANCEL A WEEK OR WEEKS

Complete the **Camp Arrowhead CANCEL Weeks** form and deliver directly to the Lakota Family YMCA's Front Desk or **you may email CANCELLATION forms to heather.branham@lakotaymca.com. 1-week before the camp date** as the timing of your cancellation is crucial! This form is located on the Lakota Family YMCA's website under Child Care and Camp Arrowhead.

When cancelling, please keep in mind:

- 1 full weeks' notice is required to process cancellation requests; no exceptions. Cancellations not received 1 week prior will still be charged.
- Lakota Family YMCA will keep your **non-refundable, non-transferable** \$40.00 deposit for each approved cancelled week.
- No refund or credit for missed days within the week.
- No refund or credit for children who are dismissed or suspended from camp for inappropriate behavior.
- A refund can only be issued in case of hospitalization or extended illness (3 days or more) verified by a physician and approved by the Child Care Director; the \$40 deposit is **non-refundable, non-transferable**.

| Mark your Calendar | | CAMP TYPES (Select weeks below) | | | To avoid paying FULL WEEK registration fees, cancel before the dates below. WEDNESDAY |
|--------------------|-------------------------|------------------------------------|---------|--------|--|
| Week | Camp Week Dates | DAY | EXT DAY | C.I.T. | |
| 1 | 5/29—6/1 | | | | 5/23/2018 |
| 2 | 6/4—6/8 | | | | 5/30/2018 |
| 3 | 6/11—6/15 | | | | 6/6/2018 |
| 4 | 6/18—6/22 | | | | 6/13/2018 |
| 5 | 6/25—6/29 | | | | 6/20/2018 |
| 6 | 7/2—7/6 NO CAAMP 7/4 | | | | 6/27/2018 |
| 7 | 7/9—7/13 | | | | 7/4/2018 |
| 8 | 7/16—7/20 | | | | 7/11/2018 |
| 9 | 7/23—7/27 | | | | 7/19/2018 |
| 10 | 7/30—8/3 | | | | 7/25/2018 |
| 11 | 8/6—8/10 | | | | 8/1/2018 |

Signature: _____ Date: _____

| FOR OFFICE USE ONLY | |
|---|--|
| Name of Welcome Center staff accepting form | |
| Date Welcome Center received registration | |