



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CAMP ARROWHEAD CANCEL Weeks 2017

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	5/30-6/2				5/24/2017
2	6/5-6/9				5/31/2017
3	6/12-6/16				6/7/2017
4	6/19-6/23				6/14/2017
5	6/26-6/30				6/21/2017
6	7/3-7/7 NO Camp 7/4				6/28/2017
7	7/10-7/14				7/5/2017
8	7/17-7/21				7/12/2017
9	7/24-7/28				7/19/2017
10	7/31-8/4				7/26/2017
11	8/7-8/11				8/2/2017

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

I've selected the week or weeks I want my child to attend and understand weekly fees will be charged to my credit card each Friday for the upcoming week. I fully accept all remaining balances. (Please sign and date below) **REQUIRED**

Signature: _____ Date: _____