



Please utilize this form to change camp week(s) or cancel the week you are registered for. Email completed forms to reg@ymcanoco.org or mail to or drop off at YMCA of Northern Colorado, Registration, 2800 Dagny Way, Lafayette, CO 80026.

CAMPER INFORMATION (Please fill out one form for each camper.)

Camper Name: _____ Grade Entering: _____ DOB: _____

Parent/Guardian: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Y Member: YES /NO Card# _____

CAMP CHANGE

Changes must be submitted at least one week in advance of camp start date. Fee differences must be paid according to registration policies. A \$100 change fee will be assessed per week. Must confirm that session and program is available prior to registration.

Camp changing from: _____ **to:** _____

Are you registered for any of the following? Horseback Riding Rafting Weekend Stayover

Payment Method

\$ _____ Total Camp Fees \$ _____ Total Fees Paid At This Time \$ _____ Balance Due \$ _____ Total Change Fees

I have enclosed a check for \$ _____ Check# _____ OR Credit/Debit (check) VISA MC AMEX DISC

Name on Card: _____ Card# _____

Exp. _____ VCODE _____ Signature _____ Date _____

CAMP CANCEL

Refunds or credits, **less 75% of total fees paid** will be authorized when a cancellation form is submitted at least **30 days in advance of camp start date**. No credits or refunds without a 30 day written notice. No refunds will be given if there is a balance owed for any Y program.

Camp canceling: _____

\$ _____ Total Fee Paid \$ _____ Less 75% of total fees paid \$ _____ Refund Amount Requested

Reason for canceling:

Exception to these policies can only be made by the YMCA Executive Director of Camping. Exception requests may be granted when extenuating circumstances arise. Requests are accepted in writing on the back of this form with attached documentation (examples: doctor's note for broken leg, written documentation of involuntary job loss from HR department). This may take up to two weeks to process.

PARENT/LEGAL GUARDIAN

Print Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY: Intake Name: _____ Intake Date: _____ Entry Date: _____ Member#: _____ Copied: _____