



MADISON AREA YMCA CAMP WITHDRAWAL FORM

Please complete all information for prompt processing.
COMPLETE A SEPARATE FORM FOR EACH WEEK

INSTRUCTIONS & INFORMATION

1. Withdrawal requests must be received in writing by completing and submitting this form to the Family Center's Welcome Center.
2. Campers may withdraw from a week of camp up to 10 days prior to the scheduled payment date for the week. At the time, the down payment for the camp week will be forfeited.
3. If a withdrawal from a week less than 10 days prior to the scheduled payment for the week is requested, full payment is required.
4. Refunds for special circumstances are at the discretion of the camp director.

CAMP SESSION/ WEEK	WITHDRAWAL CUTOFF DATE
Session 1 (June 20-July 1)	June 10
Week 1 (June 20-24)	June 10
Week 2 (June 27- Jul 1)	June 17
Session 2 (July 5-July 15)	June 25
Week 3 (July 5-8)	June 25
Week 4 (July 11-15)	July 1
Session 3 (July 18-July 29)	July 8
Week 5 (July 18- 22)	July 8
Week 6 (July 25-29)	July 15
Session 4 (Aug 1- Aug 12)	July 21
Week 7 (Aug 1-5)	July 21
Week 8 (Aug 8-12)	July 28
Session 5 (Aug 15-Aug 25)	August 5
Week 9 (Aug 15-19)	August 5
Week 10 (Aug 22-25)	August 12

PLEASE PRINT CLEARLY – COMPLETE ALL INFORMATION:

NAME OF CAMPER:		Home Phone Number:
Last Name: _____	First Name: _____	
NAME OF PARENT/GUARDIAN:		
Last Name: _____	First Name: _____	
Street Address: _____	City, State, Zip: _____	

CAMP NAME: _____	WEEK #: _____
REASON FOR REQUEST: (Please be specific.) _____ _____	
PARENT/GUARDIAN SIGNATURE _____ TODAY'S DATE _____	

Refund Credit

FOR OFFICE USE ONLY

Amount Paid \$ _____ Down Payment \$(_____) Transaction Fee: \$ _____ Total R/C \$ _____

Employee Accepting Request _____ Staff Initials _____ Date _____

Director Approving Request _____ Director Initials _____ Date _____

Employee Processing Request _____ Staff Initials _____ Date _____