



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 or sending Withdrawal request form to Questcamp@madisonymca.org
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 WEEK / SESSION | WITHDRAWAL CUTOFF DATE |
|--------------------------------------|------------------------|
| Session 1 (June 19-June 30) | June 9 |
| Week 1 (June 19-June 23) | June 9 |
| Week 2 (June 26-June 30) | June 16 |
| Session 2 (July 5-July 14)** | June 25 |
| Week 3 (July 5-July 7) | June 25 |
| Week 4 (July 10-July 14) | July 1 |
| Session 3 (July 17-July 28) | July 7 |
| Week 5 (July 17-July 21) | July 7 |
| Week 6 (July 24-July 28) | July 14 |
| Session 4 (July 31-August 11) | July 21 |
| Week 7 (July 31-August 4) | July 21 |
| Week 8 (August 7-August 11) | July 28 |
| Session 5 (August 14-24) | August 4 |
| Week 9 (August 14-18) | August 4 |
| Week 10 (August 21-24)* | August 11 |

**NO CAMP MONDAY, JULY 3- TUESDAY, JULY 4. *LAST DAY OF CAMP THURSDAY, AUGUST 24.

PLEASE PRINT CLEARLY – COMPLETE ALL INFORMATION:

| | | |
|---|--|------------------------------------|
| NAME OF CAMPER: Last Name: _____ First Name: _____ | | Home Phone Number: _____ |
| 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 _____