



# 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 WEEK / SESSION	WITHDRAWAL CUTOFF DATE
Week 1/LIT Session 1	May 29, 2020
Week 2	June 5, 2020
Week 3/LIT Session 2	June 12, 2020
Week 4	June 19, 2020
Week 5/LIT Session 3	June 26, 2020
Week 6	July 3, 2020
Week 7/LIT Session 4	July 10, 2020
Week 8	July 17, 2020
Week 9/Last Taste of Summer I	July 24, 2020
Week 10/Last Taste of Summer II	July 31, 2020

## PLEASE PRINT CLEARLY – COMPLETE ALL INFORMATION:

<b>NAME OF CAMPER:</b>		<b>Home Phone Number:</b>
Last Name:	First Name:	
<b>NAME OF PARENT/GUARDIAN:</b>		
Last Name:	First Name:	
Street Address:		City, State, Zip:
<b>CAMP NAME:</b>		<b>WEEK #:</b>
<b>REASON FOR REQUEST:</b> (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 \_\_\_\_\_