



2024 Summer Camp  
Change | Cancel Form

Parent Name \_\_\_\_\_ Camper Name \_\_\_\_\_  
 Address \_\_\_\_\_ Camper Name \_\_\_\_\_  
 City State Zip \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

Deposit(s) are non-refundable and non-transferrable.  
 There is a \$25 fee per camper, per change of camp week.  
 After May 29, there is a \$150 fee to cancel a Jamboree week and/or CIT.  
 There is no refund for a no-show and we do not prorate registration.  
 Refunds will be made to the same payment method used at registration.

CIRCLE THE WEEK(S) YOU WOULD LIKE TO CANCEL	CIRCLE THE WEEK(S) YOU WOULD LIKE TO REQUEST
<p><u>Day Camp</u></p> <p>Week 1                      June 3-7            Week 2                      June 10-14            Week 3                      June 17-21            Week 4                      June 24-28            Week 5                      July 1-5            Week 6                      July 8-12            Week 7                      July 15-19            Week 8                      July 22-26            Week 9                      July 29-Aug 2</p> <p><u>Jamboree</u></p> <p>Week 1                      June 9-15            Week 2                      June 30-July 6            Week 3                      July 7-13            Week 4                      July 21-27</p> <p><u>Teen Jamboree</u>                      July 14-20</p> <p><u>CIT</u>                                      June 3-21</p>	<p><u>Day Camp</u></p> <p>Week 1                      June 3-7            Week 2                      June 10-14            Week 3                      June 17-21            Week 4                      June 24-28            Week 5                      July 1-5            Week 6                      July 8-12            Week 7                      July 15-19            Week 8                      July 22-26            Week 9                      July 29-Aug 2</p> <p><u>Jamboree</u></p> <p>Week 1                      June 9-15            Week 2                      June 30-July 6            Week 3                      July 7-13            Week 4                      July 21-27</p>

Reason for Change or Cancellation \_\_\_\_\_

I hereby acknowledge the fee(s) to Change | Cancel the camp week(s) above and I authorize Collin County Adventure Camp to use the same payment method I used at registration for these fees.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form by email to: [kwilson@ymcadallas.org](mailto:kwilson@ymcadallas.org)

Received By:	Processed By:	Processed Date:	Order #
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