

# SUMMER CAMP 2023

## Request to Change Weeks

<b>DROP a week</b>	<b>ADD a week</b>
Week 1 <b>May 30-June 2</b> <input style="float: right;" type="checkbox"/>	Week 1 <b>May 30-June 2</b> <input style="float: right;" type="checkbox"/>
Week 2 <b>June 5-9</b> <input style="float: right;" type="checkbox"/>	Week 2 <b>June 5-9</b> <input style="float: right;" type="checkbox"/>
Week 3 <b>June 12-16</b> <input style="float: right;" type="checkbox"/>	Week 3 <b>June 12-16</b> <input style="float: right;" type="checkbox"/>
Week 4 <b>June 19-23</b> <input style="float: right;" type="checkbox"/>	Week 4 <b>June 19-23</b> <input style="float: right;" type="checkbox"/>
Week 5 <b>June 26-30</b> <input style="float: right;" type="checkbox"/>	Week 5 <b>June 26-30</b> <input style="float: right;" type="checkbox"/>
Week 6 <b>Jul 3-7</b> <input style="float: right;" type="checkbox"/>	Week 6 <b>Jul 3-7</b> <input style="float: right;" type="checkbox"/>
Week 7 <b>Jul 10-14</b> <input style="float: right;" type="checkbox"/>	Week 7 <b>Jul 10-14</b> <input style="float: right;" type="checkbox"/>
Week 8 <b>Jul 17-21</b> <input style="float: right;" type="checkbox"/>	Week 8 <b>Jul 17-21</b> <input style="float: right;" type="checkbox"/>
Week 9 <b>Jul 24-28</b> <input style="float: right;" type="checkbox"/>	Week 9 <b>Jul 24-28</b> <input style="float: right;" type="checkbox"/>
Week 10 <b>Jul 31- Aug 4</b> <input style="float: right;" type="checkbox"/>	Week 10 <b>Jul 31- Aug 4</b> <input style="float: right;" type="checkbox"/>
Week 11 <b>Aug 7-11</b> <input style="float: right;" type="checkbox"/>	Week 11 <b>Aug 7-11</b> <input style="float: right;" type="checkbox"/>

By signing below you authorize the YMCA to make necessary changes to your draft.  
 All requests must be made at least one week prior to the first day of the camp session dropped or added. Partial payment/Deposit credits will not be made if request is not received at least one week prior to the Monday of session dropped. No drops allowed after the Thursday at noon prior to week enrolled, and parent responsible for the full rate.

**Name of Child** \_\_\_\_\_

**Camp Child Is Attending** \_\_\_\_\_

**Name(s) of Parent(s)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**