

SUMMER YOUTH ADVENTURE CAMP 2011



ADJUSTMENTS FORM

Please complete the following application in **INK** and in **PRINT**.

Camper #1: Name _____

Camper #2: Name _____

Camper #3: Name _____

Participants are responsible for payments for weeks selected regardless of attendance. Changes may be made but changes must be made in writing and APPROVED in writing by the HCP&R SYAC Specialist. If you do not get an approved copy back, then the adjustment has not been approved. No refunds are given for overpayment.

LOCATION: _____

Indicate camper # for each week the child would like to REQUEST NOT TO ATTEND

- | | | | | | |
|--|----------------------|----------------------|--|----------------------|----------------------|
| ___ 1. June 6 th -10 th : Moving and Grooving | Staff Approval _____ | Staff Initials _____ | ___ 6. July 11 th -15 th : Renaissance | Staff Approval _____ | Staff Initials _____ |
| ___ 2. June 13 th -17 th : Waterpallooza | Staff Approval _____ | Staff Initials _____ | ___ 7. July 18 th -22 nd : Infinity and Beyond | Staff Approval _____ | Staff Initials _____ |
| ___ 3. June 20 th -24 th : Athens vs. Spartans | Staff Approval _____ | Staff Initials _____ | ___ 8. July 25 th -29 th : Naturally Outdoors | Staff Approval _____ | Staff Initials _____ |
| ___ 4. June 27 th -July 1 st : Fantasia | Staff Approval _____ | Staff Initials _____ | ___ 9. Aug.1 st -5 th : Treasure Hunt | Staff Approval _____ | Staff Initials _____ |
| ___ 5. July 5 th -8 th : Spectacular States | Staff Approval _____ | Staff Initials _____ | ___ 10. Aug. 8 th -12 th : SYAC Got Talent | Staff Approval _____ | Staff Initials _____ |

Indicate camper # for each week the child would like to REQUEST TO ADD TO ATTEND

- | | | | | | |
|--|----------------------|----------------------|--|----------------------|----------------------|
| ___ 1. June 6 th -10 th : Moving and Grooving | Staff Approval _____ | Staff Initials _____ | ___ 6. July 11 th -15 th : Renaissance | Staff Approval _____ | Staff Initials _____ |
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Y= Approved

D/A= Disapproved

E-Mail address: _____

Phone Number: _____

Home address: _____

Signature: _____ Date: _____

*Please indicate if you have originally signed up for weekly Credit Card payments. Yes / No