

SUMMER YOUTH ADVENTURE CAMP 2009



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 can be made but **changes must be made in writing and approved in writing by HCP&R SYAC SPECIALIST**. No refunds are given for overpayment.

LOCATION: _____

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

- | | |
|---|--|
| ___ 1. June 8-12 th : Aloha to Summer Staff approval: ___ Staff initials: ___ | ___ 6. July 13-17 th : Awesome Amphibians Staff approval: ___ Staff initials: ___ |
| ___ 2. June 15-19 th : Fun Express Staff approval: ___ Staff initials: ___ | ___ 7. July 20-24 th : International Festival Staff approval: ___ Staff initials: ___ |
| ___ 3. June 22-26 th : Ride the Wave Staff approval: ___ Staff initials: ___ | ___ 8. July 27 th -July 31 st : Fitness Frenzy Staff approval: ___ Staff initials: ___ |
| ___ 4. June 29- July 3 rd : S'more Fun Staff approval: ___ Staff initials: ___ | ___ 9. Aug. 3-7 th : Fabulous Fifties Staff approval: ___ Staff initials: ___ |
| ___ 5. July 6-10 th : Go Green Staff approval: ___ Staff initials: ___ | ___ 10. Aug 10-14 th : Clowning Around Staff approval: ___ Staff initials: ___ |

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

- | | |
|---|--|
| ___ 1. June 8-12 th : Aloha to Summer Staff approval: ___ Staff initials: ___ | ___ 6. July 13-17 th : Awesome Amphibians Staff approval: ___ Staff initials: ___ |
| ___ 2. June 15-19 th : Fun Express Staff approval: ___ Staff initials: ___ | ___ 7. July 20-24 th : International Festival Staff approval: ___ Staff initials: ___ |
| ___ 3. June 22-26 th : Ride the Wave Staff approval: ___ Staff initials: ___ | ___ 8. July 27 th -July 31 st : Fitness Frenzy Staff approval: ___ Staff initials: ___ |
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| ___ 5. July 6-10 th : Go Green Staff approval: ___ Staff initials: ___ | ___ 10. Aug 10-14 th : Clowning Around Staff approval: ___ Staff initials: ___ |

E-Mail address: _____

Phone Number: _____

Home address: _____

Signature: _____

Date: _____

*D/A= Disapproved

*Y= Approved