



YMCA Summer Camp Change Form

Payer Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Camper(s) Name:

Change: Camp Week / Bus Stop:

From:

To:

 Add to pre-authorized pick up (Individual **MUST** provide photo I.D. upon pick up/drop off):_____
_____ Other (Please explain):_____

_____**Signature:** _____ **Date:** _____**OFFICE USE ONLY**

Date Received: _____

Staff Initials: _____

If change required payment:

Amount Paid: _____

Receipt Number: _____

 Cash Debit Credit Cheq No _____