

WIDJIWAGAN

YMCA WILDERNESS ADVENTURES

Wilderness Camp Cancellation / Change Form

Participant Name: _____ Type of Camp Trip: _____

Current Camp Trip Session Name/Date: _____ Today's Date: _____

Choose Type of Change: **\$25.00 Each**

Session Change

Choose Type of Change: **No Charge**

Buddy Request or Change

Transportation Change/Addition

Session/Week Addition

Cancellation Request: **(Deposit & Permit/Trip Costs incurred are Non-Refundable)**

Please call to discuss other session options!

Cancellation

Describe Changes/Cancellation Required:

Please provide details

Parent Name _____

Address _____

City, State, Zip _____

Email Address _____

Phone _____

By signing below, I am authorizing the changes or cancellations indicated above and agree to pay for any fees associated with change.

X

Parent / Guardian
Signature

Payment information: Check Enclosed Credit Card: **Visa Master Card Discover American Express**

Card Holder Name: _____ Card Number _____ Exp. Date _____

I agree to pay above total amount according to card issuer agreement. **X** _____

For safety and quality of program, all changes must be received by Monday, two weeks prior to camp session week. Changes received after may not be able to be accommodated. Thank you!

business.center@ymcatwincities.org

Phone: (612) 230-9622 Fax: (612) 465-0559