

St. Joseph Change Form



Team Member Name:

Date Received:

Camper Name:

		Can	cellatio	ons							_							
Can	np Weeks	M-F	MWF	TTh	м	т	w	Th	F	Elective Class Options								
1	May 18 - 22										Week:	1	2	3	4	5	6	
2	May 26 - 29		x		x					Swim Lessons:								
3	Jun 1 -5											7	8	9	10	11	12	
4	Jun 8 - 12											х						
5	Jun 15 - 19										Weeks:							
6	Jun 22 - 26										i	1	2	3	4	5	6	
7	Jun 29- Jul 3									Tennis Lessons:		х		х		х		
8	Jul 6 - 10											7	8	9	10	11	12	
9	Jul 13 - 17											х		х		х		
10	Jul 20 - 24									PROGRAM CANCELLATION POLICY:								
11	Jul 27 - Jul 31									Two weeks prior to the start of the cancelled	week, schec	lule cha	anges ca	an be m	ade free	of charg	e by	
12	Aug 3 - 7									emailing an electronic Change Form to shawl	kins@genesis	shealth	clubs.co	<u>om</u>				
		A	ddition	s						On or after the deadline, refunds for camp fe cancelling child's spot in camp. If the request								
Camp Weeks		M-F	M-F MWF TTh	TTh	M T W Th F			Th	F	spot in camp will remain reserved for the enrolled camper and therefore a refund will not be processed. There is a \$25 processing fee for Change Forms processed after the deadline. Change Forms will only be								
1	May 18 - 22									processed if a child on the waitlist can take th	•				nangert	511113 WIII	only be	
2	May 26 - 29		x		x					Cancellation Due to Camper Sickness:								
3	Jun 1 -5									To support with daily operations, although a Desk at 816.233.0261 to ensure clarity.								
4	Jun 8 - 12									If a participant becomes ill during the progra leader will communicate with the participant	's parents to							
5	Jun 15 - 19									to illness no portion of the program fees is re	fundable.							
6	Jun 22 - 26																	
7	Jun 29- Jul 3												_					
8	Jul 6 - 10									Camp Pricing:								
9	Jul 13 - 17										Nember							
10	Jul 20 - 24									M-F \$120 \$ MWF \$83 \$	130 90							
11	Jul 27 - Jul 31									T/Th \$60 \$	65							
12	Aug 3 - 7									Single Day \$30 \$	32.50							

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name:

Parent Signature: _____

Date: / /