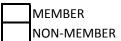


Topeka SW Change Form



Team Member Name:

Date Received:

Camper Name:

		Can	cellatio	ons							
Car	np Weeks	M-F	MWF	TTh	М	т	w	Th	F	Elective Class Options]
1	May 26 - 29		х		х						-
2	Jun 1 -5									Tennis:	
3	Jun 8 - 12									Session 1: May 26 - July 5	
4	Jun 15 - 19									Session 2: July 6 - August 16	
5	Jun 22 - 26										
6	Jun 29- Jul 3										Session: 1 2 3 4
7	Jul 6 - 10										Weeks: 2-3 4-5 7-8 9-10
8	Jul 13 - 17									Swim Lessons	
9	Jul 20 - 24										
10	Jul 27 - Jul 31									PROGRAM CANCELLATION POLICY:	
11	Aug 3 - 7										ed camp week, schedule changes can be made free of charge by yes@genesishealthclubs.com

Additions									
Can	np Weeks	M-F	MWF	TTh	м	т	w	Th	F
1	May 26 - 29		x		x				
2	Jun 1 -5								
3	Jun 8 - 12								
4	Jun 15 - 19								
5	Jun 22 - 26					-			
6	Jun 29- Jul 3								
7	Jul 6 - 10								
8	Jul 13 - 17								
9	Jul 20 - 24								
10	Jul 27 - Jul 31								
11	Aug 3 - 7								

processed if a child on the waitlist can take the cancelling child's spot in camp.

Cancellation Due to Camper Sickness: To support with daily operations, although a refund is not warranted, parents are asked to call the Front Desk at 785.338.4918 or Bryan Hayes (Sports Camp Director) at 785.338.4918 to ensure clarity. If a participant becomes ill during the program day the participant's parents will be notified. The team leader will communicate with the participant's parents to arrange a pick up. If a camper departs early due to illness no portion of the program fees is refundable.

On or after the deadline, refunds for camp fees will only be processed if a child on the waitlist can take the cancelling child's spot in camp. If the requested cancellation date cannot be filled by a waitlist camper, the 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 dealine. Change Forms will only be

Camp Pricing:							
	Member	Non-Member					
M-F	\$ 135	\$ 155					
MWF	\$ 93	\$ 98					
T/Th	\$ 69	\$ 74					
Single Day	\$ 37	\$ 42					

Team Member Use:

Date Processed:

Processed By: _____

Parent Signature:

Date: / /