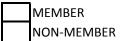


132nd & Center Change Form



Team Member Name:

Date Received:

Cam	per	Nam	ne:
Culli			

		Can	cellatio	ons										
Cam	np Weeks	M-F	MWF	TTh	М	т	w	Th	F	Elective Class Options				
1	Jun 1 -4		x		x									
2	Jun 7 - 11									Session: 1 2 3 4 5				
3	Jun 14 - 18									Swim Lessons:				
4	Jun 21 - 25													
5	Jun 28- Jul 2													
6	Jul 5 - 9													
7	Jul 12 - 16													
8	Jul 19 - 23									PROGRAM CANCELLATION POLICY:				
9	Jul 26 - Jul 30									Two weeks prior to the start of the cancelled week (Monday at 9am), schedule changes can be made free of				
10	Aug 2 - 6									charge by emailing an electronic Change Form to georgia.hecox@genesishealthclubs.com				
11	Aug 9 - 13									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 deadline Change Forms will only be				
		A	ddition	s						processed if a child on the waitlist can take the cancelling child's spot in camp.				
Can	np Weeks	M-F	MWF	TTh	м	т	w	Th	F	Cancellation Due to Camper Sickness: To support with daily operations, although a refund is not warranted, parents are asked to call the Front				
1	Jun 1 -4		x		x					Desk at 402.413.1085 Ext: 711 to ensure clarity. If a participant becomes ill during the program day the participant's parents will be notified. The team				
2	Jun 7 - 11									leader will communicate with the participant's parents to arrange a pick up. If a camper departs early due				
3	Jun 14 - 18									to illness no portion of the program fees is refundable.				
4	Jun 21 - 25													

Camp Prie	cing:	
	Member	Non-Membe
M-F	\$ 180	\$ 200
MWF	\$ 128	\$ 138
T/Th	\$ 88	\$ 98
Single Day	\$ 45	\$ 50

Team	Member	Use:
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Date Processed: _____

Processed By: _____

5 Jun 28- Jul 2
6 Jul 5 - 9
7 Jul 12 - 16
8 Jul 19 - 23
9 Jul 26 - Jul 30
10 Aug 2 - 6
11 Aug 9 - 13

Parent Name:
Parent Signature:

Date: / /