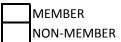


Topeka SW Change Form



Team Member Name:

Date Received:

Camper Name:

Cancellations																
Camp Weeks		M-F	MWF	TTh	М	т	w	Th	F	Elective Class Options						
1	Jun 1 -4		х		x											
2	Jun 7 - 11									Tennis:			1			
3	Jun 14 - 18									Session 1: June 1 - July 11						
4	Jun 21 - 25									Session 2: July 12 - August 22						
5	Jun 28- Jul 2															
6	Jul 5 - 9										Session:	1	2	3	4	
7	Jul 12 - 16										Weeks:	2-3	4-5	6-7	8-9	1
8	Jul 19 - 23									Swim Lessons						
9	Jul 26 - Jul 30															
10	Aug 2 - 6									PROGRAM CANCELLATION POLICY:						
11	Aug 9 - 13									Two weeks prior to the start of the cancelle free of charge by emailing an electronic Cha						

Additions **Camp Weeks** M-F MWF TTh M T W Th F 1 Jun 1 -4 2 Jun 7 - 11 3 Jun 14 - 18 Jun 21 - 25 4 5 Jun 28- Jul 2 Jul 5 - 9 6 Jul 12 - 16 7 8 Jul 19 - 23 9 Jul 26 - Jul 30 10 Aug 2 - 6 11 Aug 9 - 13

There is a \$25 processing fee for Change Forms processed after the deadline. Change Forms will only be 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.

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 Name: ____

Parent Signature: _____

Date: / /