



East Lincoln 2022 Change Form

<input type="checkbox"/>	MEMBER
<input type="checkbox"/>	NON-MEMBER

Team Member Name: _____

Date Received: _____

Camper Name: _____

Cancellations

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 31 - Jun 3		X		X				
2 Jun 6 - 10								
3 Jun 13 - 17								
4 Jun 20 - 24								
5 Jun 27 - Jul 1								
6 Jul 5 - 8		X		X				
7 Jul 11 - 15								
8 Jul 18 - 22								
9 Jul 25 - 29								
10 Aug 1 - 5								
11 Aug 8 - 12								

PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled week (Monday at 9am), schedule changes can be made free of charge by emailing an electronic Change Form to bscuddersoucic@genesishhealthclubs.com

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 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 402.413.1085 Ext:713 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.

Additions

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 31 - Jun 3		X		X				
2 Jun 6 - 10								
3 Jun 13 - 17								
4 Jun 20 - 24								
5 Jun 27 - Jul 1								
6 Jul 5 - 8		X		X				
7 Jul 11 - 15								
8 Jul 18 - 22								
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Camp Pricing:

	Member	Non-Member
M-F	\$ 180	\$ 200
MWF	\$ 124	\$ 138
T/Th	\$ 90	\$ 100
Single Day	\$ 45	\$ 50

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /