



Fort Collins Club 2023 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 30-June 2		x		x				
June 5-9								
2 June 12-16								
3 June 19-23								
4 June 26-30								
5 July 3, 5-7			x		x			
6 July 10-14								
7 July 17-21								
8 July 24-28								
9 July 31-August 4								
10 August 7-11								
11								

PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled camp week (Monday at 9am), schedule changes can be made free of charge by emailing an electronic Change Form to shawkins@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 970.224.2582 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 30-June 2		x		x				
June 5-9								
2 June 12-16								
3 June 19-23								
4 June 26-30								
5 July 3, 5-7		x		x				
6 July 10-14								
7 July 17-21								
8 July 24-28								
9 July 31-August 4								
10 August 7-11								
11								

Camp Pricing:

	Member	Non-Member
M-F	\$ 255	\$ 275
MWF	\$ 179	\$ 193
T/Th	\$ 128	\$ 138
Single Day	\$64	\$ 69

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /