

# SUMMER CAMP 2025

## Request to Change Weeks

<b>DROP a week</b>	<b>ADD a week</b>
Week 1 <b>May 27-30</b> <input style="float: right;" type="checkbox"/>	Week 1 <b>May 27-30</b> <input style="float: right;" type="checkbox"/>
Week 2 <b>June 2-6</b> <input style="float: right;" type="checkbox"/>	Week 2 <b>June 2-6</b> <input style="float: right;" type="checkbox"/>
Week 3 <b>June 9-13</b> <input style="float: right;" type="checkbox"/>	Week 3 <b>June 9-13</b> <input style="float: right;" type="checkbox"/>
Week 4 <b>June 16-20</b> <input style="float: right;" type="checkbox"/>	Week 4 <b>June 16-20</b> <input style="float: right;" type="checkbox"/>
Week 5 <b>June 23-27</b> <input style="float: right;" type="checkbox"/>	Week 5 <b>June 23-27</b> <input style="float: right;" type="checkbox"/>
Week 6 <b>June 30-Jul 3</b> <input style="float: right;" type="checkbox"/>	Week 6 <b>June 30-Jul 3</b> <input style="float: right;" type="checkbox"/>
Week 7 <b>Jul 7-11</b> <input style="float: right;" type="checkbox"/>	Week 7 <b>Jul 7-11</b> <input style="float: right;" type="checkbox"/>
Week 8 <b>Jul 14-18</b> <input style="float: right;" type="checkbox"/>	Week 8 <b>Jul 14-18</b> <input style="float: right;" type="checkbox"/>
Week 9 <b>Jul 21-25</b> <input style="float: right;" type="checkbox"/>	Week 9 <b>Jul 21-25</b> <input style="float: right;" type="checkbox"/>
Week 10 <b>Jul 28- Aug 1</b> <input style="float: right;" type="checkbox"/>	Week 10 <b>Jul 28- Aug 1</b> <input style="float: right;" type="checkbox"/>
Week 11 <b>Aug 4-8</b> <input style="float: right;" type="checkbox"/>	Week 11 <b>Aug 4-8</b> <input style="float: right;" type="checkbox"/>

By signing below you authorize the YMCA to make necessary changes to your draft. All requests must be made at least one week prior to the first day of the camp session dropped or added. Partial payment/Deposit credits will not be made if request is not received at least one week prior to the Monday of session dropped. No drops allowed after the Thursday at noon prior to week enrolled, and parent responsible for the full rate.

Name of Child \_\_\_\_\_

Camp Child Is Attending (GRADE) \_\_\_\_\_

Name(s) of Parent(s) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**