



Summer Camp Cancellation Form

Date: _____

Child's Last Name: _____ Child's First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Program Name	Program #	Week

Reason for Cancellation: _____

ALL CANCELLATION MUST BE COMPLETED IN-PERSON AND TWO WEEKS PRIOR TO THE START OF EACH WEEK OF CAMP. THERE IS A SERVICE FEE OF \$5 PER CHILD PER WEEK CANCELLED. **ANY CANCELLATIONS PAST TWO WEEKS PRIOR TO THE START OF EACH WEEK OF CAMP ARE NOT ELIGIBLE FOR A REFUND.**

I've read and understood the cancellation policy.

Signature of acknowledgment: _____

OBTPD OFFICE USE ONLY

Date received: _____ Employee Initials: _____