



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TRANSFER FORM: Summer Camp 2018

YMCA OF GREATER WILLIAMSON COUNTY

Date: _____

Camper Name: _____ Camper D.O.B.: ____/____/____

Parent/Guardian Name: _____

Home/Mobile Phone: _____ Work Phone: _____

PLEASE INDICATE WHICH PROGRAM(S)

you are DROPPING below	transfer to	you are ADDING below
Camp Name: _____	→	Camp Name: _____
Camp Week: _____		Camp Week: _____
and / or		and / or
Add-on Name: _____	→	Add-on Name: _____
Add-on Week: _____		Add-on Week: _____
*your \$15 deposit will be lost when dropping/transferring		*must pay \$15 deposit or full weekly fee pending camp start date

INDICATE HERE IF YOU ARE BANK DRAFTING CAMP TUITION: YES NO

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For Office Use Only

Staff Signature: _____

Date: _____

Amt. Paid: \$ _____

Credit Card: XXXX-XXXX-XXXX-_____/Exp. _____

Cash: _____

Check No.: _____

Camp Week	Add Deadline	Draft Date
Week 0, May 29-Jun 1	May 25	May 1
Week 1, June 4-8	May 30	May 15
Week 2, June 11-15	June 1	
Week 3, June 18-22	June 8	June 1
Week 4, June 25-29	June 15	
Week 5, July 2-6	June 22	June 15
Week 6, July 9-13	June 30	
Week 7, July 16-20	July 6	July 1
Week 8, July 23-27	July 13	
Week 9 Jul 30- Aug 3	July 20	July 15
Week 10, Aug 6-10	July 27	
Week 11, Aug 13-17	August 3	August 1

Y LICENSED CHILD CARE

1812 N. Mays Street, Round Rock, TX 78664P 512 615 5563 • ymcagwc.org

Revised: 2/18/18