



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DROP / ADD FORM: Summer Camp 2019

YMCA OF GREATER WILLIAMSON COUNTY

Date: _____

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

Parent/Guardian Name: _____

Phone: _____

Email: _____

PLEASE INDICATE WHICH PROGRAM(S)

you are DROPPING below
Camp Name: _____
Camp Week: _____
and / or
Add-on Name: _____
Add-on Week: _____
Lunch: Y or N <i>(only available at Camp Twin Lakes)</i>
<i>*your deposit will be lost when dropping</i>

you are ADDING below
Camp Name: _____
Camp Week: _____
and / or
Add-on Name: _____
Add-on Week: _____
Lunch: Y or N <i>(only available at Camp Twin Lakes)</i>
<i>*must pay deposit or full weekly fee pending camp start date</i>

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	Draft Date
Week 1, May 28-31	May 15
Week 2, June 3-7	
Week 3, June 10-14	June 1
Week 4, June 17-21	
Week 5, June 24-28	June 15
Week 6, July 1-5	
Week 7, July 8-12	July 1
Week 8, July 15-19	
Week 9, July 22-26	July 15
Week 10 Jul 29-Aug 2	
Week 11, Aug 5-9	August 1
Week 12, Aug 12-14	

Y LICENSED CHILD CARE

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

Revised: 12/28/18