



CAMP ROSE SUMMER DAY CAMP PARTICIPANT SCHEDULE CHANGE REQUEST

Schedule changes must be made with Karen Guise, Senior Program Director, no less than one week prior. Request is not complete until you receive confirmation.

Camper's Name: _____ Camper's Group/Grade: _____

Week of Camp to be taken out of: _____

Reminders:

- \$25 registration fee is non-refundable
- \$25 cancellation fee will be assessed
- Weekly fee is non-refundable due to sickness

Parent Signature: _____ Date: _____

Phone Number: _____ and/or Email Address: _____

OFFICE USE ONLY: Date Received: _____ Date processed: _____ Date confirmed: _____



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