



YMCA PROGRAM CANCELLATION / ADDITION FORM



Guardian's Name: _____ **Date:** _____

Phone Number: (_____) _____ - _____

CANCELLATION

Participant's Name: _____

Age: _____ **Date of Birth:** _____ / _____ / _____ **M** _____ **F** _____

Program(s) participant canceling from:

Class Name	Session Dates	Day / Times

Reason For Canceling: _____

Guardian Signature _____ **Date** _____

CANCELLATION -- OFFICE USE ONLY -- CANCELLATION

Household ID	Household Name	Staff Initials	Date Processed

ADDITION

Participant's Name: _____

Age: _____ **Date of Birth:** _____ / _____ / _____ **M** _____ **F** _____

Program(s) participant adding to

Class Name	Session Dates	Day / Times

Guardian Signature _____ **Date** _____

ADDITION -- OFFICE USE ONLY -- ADDITION

Household ID	Household Name	Staff Initials	Date Processed