

## Summer Camp

205 Rec Plex Dr. | O'Fallon, IL 62269  
Tel: 618.589.3800 | MetroRecPlex.com

### Change/Add Form

Deposits are NON-REFUNDABLE

Please note that changes/transfers cannot be made after Sunday the week before.

Withdrawal must be received 1 week prior to camp starting to receive a refund/credit minus the deposit 50% *credit* will be issued for less than one week notice.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### ADD:

Name of camp to add: \_\_\_\_\_ Date of camp to be added \_\_\_\_\_ Plex Plus Time: AM PM

\_\_\_\_\_ I understand that there is a \$25.00 deposit due today for the camp added.

(Parent/Guardian Initials)

#### CHANGE/TRANSFER:

Name of camp to transfer from: \_\_\_\_\_ Date of Camp \_\_\_\_\_ Plex Plus Time: AM PM

Name of camp to transfer to: \_\_\_\_\_ Date of Camp \_\_\_\_\_ Plex Plus Time: AM PM

\_\_\_\_\_ I understand that the \$25.00 deposit is non-refundable.

(Parent/Guardian Initials)

#### CANCEL/DROP:

Name of camp to cancel: \_\_\_\_\_ Date of Camp \_\_\_\_\_ Plex Plus Time: AM PM

\_\_\_\_\_ I understand that the \$25.00 deposit is non-refundable.

(Parent/Guardian Initials)

Reason for Cancellation:

- Vacation/Off Work
- Family
- Illness/Medical Reason
- Other: \_\_\_\_\_

#### PAYMENT PLANS:

I am requesting that Metro Rec Plex:

- Cancel the registration and the automatic payment draft for the date listed above.
- Change the registration and the automatic payment draft to the request change date of camp
- Request a Refund

For: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_