

| Camper Name: | |
|---------------------|--|
| Date of Birth: | |
| Session Start Date: | |

CAMP WIDJIWAGAN

2019 Transportation Change Form

Transportation has limited availability and all changes must be received at least 1 week prior to your child's camp session start date.

| From Camp Da | te: | | | |
|---------------------------|----------------|-------------------------|--------------------|--------------------|
| Payment Information: \$10 | Transportation | change fee if less than | one month prior to | session. |
| Check included | Amount end | :losed: | _ | |
| Please charge my : | ☐ Visa | ☐ MasterCard | ☐ Discover | ☐ American Express |

Account Number: ____ Expiration Date: ____
Card Holder's Name: ____

Card Holder's Signature:

Please return this form:

☐ To Camp

YMCA Customer Service Center
651 Nicollet Mall, Suite 500
Minneapolis, MN 55402
Phone: 612-822-2267 | Fax: 612-223-6322
Upload document at http://ymcatwincities.custhelp.com/app/ask