



Modification/Cancellation Form

We wish to remind families that the DDC is a non-profit camp that relies entirely on member registrations. All cancellations directly and negatively impact the finances of the camp for that summer, especially if there are no children on the waiting list to replace the cancellations for those weeks.

Date: _____

Name of child/children: _____

Parent's name: _____

Week(s) to be modified:

- *All changes are subject to availability*
- *The camp sends an invoice to the family for each modification*
- *All requests must be done in writing, on this modification/cancellation form*

Week(s) to be cancelled:

- *Daily absences are non-refundable and non-transferable*
- *All requests must be done in writing, on this modification/cancellation form*

Reason for modification/cancellation of week(s):

I am asking for the modification/cancellation of the following week(s), and I understand that:

- *The modifications are subject to availabilities in the weeks requested*

Parent's signature: _____ Date: _____

Parent Committee Approval: _____ Date: _____