



PENINSULA FAMILY YMCA Summer Camp Transfer Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE COMPLETE IN FULL:

Date: _____

Name of Camper: _____

Birthdate: _____

Parent Name: _____ Phone: _____

Email: _____

Enrolled in: _____ Week # _____ Transfer to: _____ Week # _____

Enrolled in: _____ Week # _____ Transfer to: _____ Week # _____

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Staff Use Only

Price Difference Paid _____

Receipt# _____

Date Transfer completed in CCC _____

Initials _____



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