

SCHEDULE CHANGE FORM

All changes must be submitted **two weeks** prior to attendance, otherwise you are charged according to your original contract.

Please submit this form directly to the Summer Camp Director.

Summer Camp staff will NOT accept this form. Additional forms are available in the Summer Camp Room or at www.cyberfalcon.com

CHILD'S NAME _____

DATE: _____

GROUP: _____

Please indicate change below:

ADDITIONS: MARK "A"

DELETIONS: MARK "D"

	Mon. - Fri.	M	T	W	THURS	F
June 1 - 4		x	1	2	3	4
June 7 - 11		7	8	9	10	11
June 14 - 18		14	15	16	17	18
June 21 - 25		21	22	23	24	25
June 28 - July 2		28	29	30	1	2
July 5 - 9		5	6	7	8	9
July 12 - 16		12	13	14	15	16
July 19 - 23		19	20	21	22	23
July 26 - 30		26	27	28	29	30
Aug. 2 - 6		2	3	4	5	6
Aug. 9 - 13		9	10	11	12	13