



Star Hill Family Athletic Center Summer Recreation Program

Registration Change Form

Camper's Name(s) _____

I am requesting a change to the following week(s):

I am requesting that the registration for the week(s) listed above be:

- Cancelled
- Changed to (fill in dates) _____

- Add Swim Lessons
- Delete Swim Lessons
- Be Considered as a Vacation Week/Days
Star Hill Staff - # of Vacation Days Planned _____
- Other (Please Explain) _____

Star Hill Staff Use Only (Please staple to original registration form)

Date that Change Form was Received _____

- Changes made to EZ Facility (initial & date)* _____
- Changes made to Excel (initial & date)* _____

Fee Changes (explain) _____

Camp Director's Approval *Date* _____