

2020 Summer at the J Change Request Form

Changes must be approved by the camp director. A deposit may be required and **payment in full is required after June 1st.**

No refunds will be given without a doctor's note after June 15th.

Changes made after June 15th are subject to a \$25 charge.

Fax to 781-631-8181 or email to skaplan@jccns.com. An electronic version of this form is available at www.jccns.org/summer-camp

Camper's Full Name:

Date:

Parent's Name:

Day Phone:

Address(Town, State, Zip)

Method of Payment: **Check (attached)** **MC/VISA/Discover/AMEX**

Card Number:

Expiration Date:

Name on Card:

Signature:

Choose a Camp:

KinderCamp

Simchah

Simchah Specialty

Summer at the J LIT

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
6/29-7/3	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14	8/17-8/21	8/24-8/28

DROP:

ADD:

Office Use Only:

Office signature:

Director's signature:

Processed on: