



Star Hill Family Athletic Center Summer Recreation Program

2026 Registration Change Form

Change forms have to be turned in 2 weeks prior to the start of the affected week(s).

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:

Added
 Cancelled
 Changed to (fill in dates) _____

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) _____

Fee Changes (explain) _____

Camp Director's Approval *Date* _____