



DAY CAMP REFUND REQUEST FORM

INFORMATION

PARTICIPANT/S (CAMPER NAME)

REGISTRANT NAME (PARENT OR GUARDIAN)

COMPLETE MAILING ADDRESS

EMAIL ADDRESS & CELL PHONE NUMBER

REFUND REQUEST

Please include a detailed description of program - week - day - time if applicable

REASON FOR REQUEST

REFUND AMOUNT REQUESTED - (50% of tuition)

DATE OF REQUEST

PLEASE NOTE: unless you receive notification otherwise, all approved refunds for payments paid by check will be issued by check to the registrant at the close of summer programming. All approved refunds for payments paid by credit card will be issued to the credit card used for payment. All refunds will be processed by no later than October 2025.

OFFICE USE ONLY:

SUPERVISOR INITIALS:

APPROVAL DATE:

NOTES