CAMP REFUND FORM

Family Last Name __________________________________________ Primary Phone (_____) __________________________
Address ______________________________________ City ___________________ Zip ________________
Email ________________________________________________________________

Participant Name __________________________________________________________

Day Camp(s) __________________________________________ Code _______ Week(s) __________
Camp Lunch(es) __________________________________________ Code _______ Week(s) __________
Extended Day Camp(s) __________________________________________ Code _______ Week(s) __________

Reason for canceling __________________________________________
______________________________________________________________
______________________________________________________________

Refund method:   □ Apply to Household  □ Issue a refund check  □ Refund credit card

Parent/Guardian Signature __________________________________________ Date____________________

Camp Refund Policy
Camp refund requests made prior to the camp registration deadline; receive a full refund, less a $5 service charge per camp/per child. No camp refunds will be issued after the camp registration deadline. All camp refund requests must be made in writing, forms are available online or at the Sullivan Center.

If original form of payment was cash or check refunds will take 2-3 weeks to be processed. Credit card refunds are automatically credited to the same credit card that was used to pay for the program.

OFFICE USE:
Receipt # _______________  □ Approved  □ Denied
Supervisor signature __________________________ Amount Refunded _____________ Date______________
Refund processed by __________________________ Date___________