

**Refund/Credit Request Form**

Date of Request: \_\_\_\_\_ Class/Camp &amp; Session(s): \_\_\_\_\_

Did you attend any days in the session?  Yes  No  
If yes, what days? \_\_\_\_\_

Child/Children's Name: \_\_\_\_\_

Parent's Name (must be original payee): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

All requests for refunds must be made prior to first class/camp meeting. All requests for credits must be made before the last day of class/camp. Missed days will not be refunded or credited.

**Refund** (25% handling fee assessed)  
*All refunds will be mailed approximately 4 weeks after a request is submitted.*

**Credit** (100% - expires July 1<sup>st</sup>)  
*You will not receive any additional correspondence.*

Reason for Request:

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*Office use only:*

Date received \_\_\_\_\_

Updated:

 ActiveNet

Amount Due \$ \_\_\_\_\_

Issued:

 Credit Check refund Credit Card Refund