

Refund/Credit Request Form

Date of Request: _____ Class/Camp & 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 1st)
You will not receive any additional correspondence.

Reason for Request:

Office use only:

Date received _____

Updated:

 ActiveNet

Amount Due \$ _____

Issued:

 Credit Check refund Credit Card Refund