

Child's Name			Date of Request:
directly to t	s for refunds must	n person or emailed to <u>summ</u>	completing the Summer Camp Refund Request Form. Forms may be submitted the completing the Summer Camp Refund Request Form. Forms may be submitted the complete submitted submitted the complete submitted the complete submitted submitted submitted the complete submitted sub
issuea	after this time rega	ardless of the reason of non-a	
			per week is withheld regardless of reason for refund. and there are no make-up days.
Any re	fund of camp fees r	may take up to one week afte	r notification to be processed. After a refund has been issued, credit card refunds ur credit card company/bank and check refunds may take 3-6 weeks to receive.
	on deposits and session balance, o		xtended care fees) are non-transferable and may not be applied toward anothe
Please che	ck the Session(s)	•	for each week you would like to cancel:
Session	Dates	Last Day to Request Refund	Camp Location
1	May 28 - 31 No camp May 27	Monday, May 13	
2	June 3 - 7	Monday, May 20	
3	June 10 - 14	Monday, May 27	
4	June 17 – 21 No camp June 19	Monday, June 3	
5	June 24 - 28	Monday, June 10	
6	July 1 - 5 No camp July 4	Monday, June 17	
7	July 8 - 12	Monday, June 24	
8	July 15 - 19	Monday, July 1	
9	July 22 - 26	Monday, July 8	
10	July 29 - August 2	Monday, July 15	
11	August 5 - 9	Monday, July 22	
Please stat	e the reason for the	e request:	
Parent Name:			Parent Signature:
Email:			

For office use only: Date Received: _____ Staff Initials: ____ Receipt: _____