# D:\Vanier camp\2017 gestion et direction\Gestion\Graphisme\Logofinal\Logo\logo_supercamp_2016_cheetah.jpgRefund Request

**Summer 2018**

**Your refund request must be done in writing, signed and sent by fax (to 514-744-7128) or by email to**

supercamp@vaniercollege.qc.ca.

* We will only refund entire weeks.
* To receive your refund, you must make the request 10 days in advance of the beginning of the week you are cancelling.
* Your refund will be sent by cheque after a processing time of 30 days.
* A 10 percent administrative fee will be charged for all cancellations.

**Name of registered camper** :

**Reason for refund request** :

I wish to cancel my child’s registration from the following program :

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]  Week of the 25th to 29th June** |  **Name of the program:**      |  |  **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 2th to the 6th of July** |  **Name of the program:**      |  |  **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 9th to the 13th**  **of July** |  **Name of the program:**      |  | **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 16th to the 20nd**  **of July**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 23th to the 27th** **of July** |  **Name of the program:**      |  |  **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 30th of July to the 3th of**  **August** | **Name of the program:**       |  |  **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 6th to the 10th of** **August** |  **Name of the program:**      |  |  **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 13th to the 17th of** **August**  |  **Name of the program:**      |  |  **[ ]  Extended supervision hours/swimming lessons** |

Name of the person to whom the cheque will be addressed :

Phone number :

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reserved for Administration

*Processed by : \_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_ [ ]  Sent an email [ ] Received in person*

*Refunded by* : *\_\_\_\_\_\_\_\_\_\_\_ Date* *: \_\_\_\_\_\_\_\_\_\_\_*

Calculation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_