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

**Summer 2019**

**Your refund request must be done in writing, signed and handed out in person or sent by email to**

supercamp@vaniercollege.qc.ca.

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

**Name of registered camper** :

**Reason of cancellation** :

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

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]  Week of the 25th to 28th June** | **Name of the program:**       |  |  **[ ]  Extended supervision hours/lessons** |
| **[ ]  Week of the 1st to the 5th of July** | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of the 8th to the 12th**  **of July** | **Name of the program:**       |  | **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of the 15th to the 19th** **of July**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of the 22nd to the 26th** **of July** | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of the 29th of July to the 2nd of**  **August** | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of the 5th to the 9th of** **August** | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of the 12th to the 16th of** **August**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |

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

Phone number:

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

## Reserved for Administration

*Received by: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ [ ]  Sent by email [ ]  In person [ ]  Admin. Corrections*

*Processed by*: *\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

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