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

**Summer 2020**

**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.
* This Refund Request must be received at least 10 days before the beginning of the week you are cancelling to be eligible for a refund.
* Refunds are 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 June 22nd to 26th**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/lessons** |
| **[ ]  Week of June 29th to July 3rd**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of July 6th to 10th**  | **Name of the program:**       |  | **[ ]  Extended supervision hours/swimming lessons** |
| **[ ]  Week of July 13th to 17th**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of July 20th to 24th**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of July 27th to 31st**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of August 3rd to 7th**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours/ lessons** |
| **[ ]  Week of August 17th to 21st**  | **Name of the program:**       |  |  **[ ]  Extended supervision hours** |

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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_