



Refund Request

Summer 2024

Your refund request must be done in writing, signed and handed 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 **7 days** before the beginning of the week you are cancelling to be eligible for a refund.
- Refunds are sent by cheque, or refunded back onto the original method of payment if purchased through Amilia.
- A 10% administrative fee will be charged for all cancellations unless a medical note is provided.

Name of registered camper: _____

Reason of cancellation: _____

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

<input type="checkbox"/> Week 1: June 25 th to June 28 th	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 2: July 2 nd to July 5 th	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 3: July 8 th to July 12 th	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 4: July 15 th to July 19 th	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 5: July 22 nd to July 26 th	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 6: July 29 th to August 2 nd	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 7: August 5 th to August 9 th	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 8: August 12 th to August 16 th	Name of the program:	<input type="checkbox"/> Extended supervision hours

Date: _____ Signature: _____

Reserved for Administration

Received by: _____ Date: _____ Sent by email In person Admin. Corrections

Processed by: _____ Date: _____

Calculation: _____