



# Refund Request

Summer 2024

Your refund request must be done in writing, signed and handed in person or sent by email to [supercamp@vaniercollege.gc.ca](mailto:supercamp@vaniercollege.gc.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 <sup>th</sup> to June 28 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 2: July 2 <sup>nd</sup> to July 5 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 3: July 8 <sup>th</sup> to July 12 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 4: July 15 <sup>th</sup> to July 19 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 5: July 22 <sup>nd</sup> to July 26 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 6: July 29 <sup>th</sup> to August 2 <sup>nd</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 7: August 5 <sup>th</sup> to August 9 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 8: August 12 <sup>th</sup> to August 16 <sup>th</sup>	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 : \_\_\_\_\_