



# Refund Request

Summer 2026

Your refund request must be done in writing, signed and handed in person or sent by email to [supercamp@vaniercollege.qc.ca](mailto: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 22 <sup>nd</sup> to June 26 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 2: June 29 <sup>th</sup> to July 3 <sup>rd</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 3: July 6 <sup>th</sup> to July 10 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 4: July 13 <sup>th</sup> to July 17 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 5: July 20 <sup>th</sup> to July 24 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 6: July 27 <sup>th</sup> to July 31 <sup>st</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 7: August 3 <sup>rd</sup> to August 7 <sup>th</sup>	Name of the program:	<input type="checkbox"/> Extended supervision hours
<input type="checkbox"/> Week 8: August 10 <sup>th</sup> to August 14 <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: \_\_\_\_\_