



GRIFFITH PARK BOYS CAMP

Summer Camp 2026

Request for Refund

Payee Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Participant's Name: _____ Receipt Number: _____

Additional Participants: _____

Session 1 Session 2 Session 3 Session 4 Session 5 Session 6

Session 7 Session 8

REASON FOR THE REFUND: _____

Full refunds are **only** issued when the Camp cancels the activity. All cancellations must be in writing. Refunds take 6-8 weeks, after request is received.

The cancellations policy is as follows:

- Request 14+ days prior of the program, 85% refund of fees, per session, per camper.
- Request 7-13 days prior to the start of program, 50% refund if fees, per session, per camper.
- Request 6 days or less prior to the start of the program, no refund of fees, per session, per camper.

There will be no refunds for **FAILURE TO SHOW**.

Payee Signature: _____ Date: _____

OFFICE USE ONLY

Date Processed: _____ Amount Refunded: _____

Comments: _____

Approved: _____