

Please Write Legibly

Camper's Name:

Camp Session/Date:

Amount Paid:

Reason for Refund¹:

Method of Original Payment (*cash, credit card, etc.*):

Name of Person Who Made Original Purchase:

Full Address:

Contact Phone Number: (_____) _____

Email Address:

Signature: _____ **Date:** _____

Please send this completed form along with proper documentation to Carolina Soccer School.

Carolina Soccer School 2014 Summer Camp Series Request for Refund

CAMP OFFICE ONLY

Date Received: _____ **Date Processed:** _____

Refund Granted: YES NO Reason: _____

Amount Paid: _____ **Camp Director Approval:** _____

Administrative Fee: _____ **Date:** _____

Total Refund Amount: _____ **Camp Owner Approval:** _____

Method of Refund: _____ **Date:** _____

1 - Please include a certified doctor's note when requesting a refund due to a medical emergency. A refund will not be honored without signed documentation.

Please carefully review the Cancellation / Refund Policy before submitting this form. The policy can be found in the camp manual.

MAIL