**PROGRAM/CAMP CANCELLATION REQUEST**

**REFUND REQUEST**

**DATE OF REQUEST:**

**NAME OF PERSON REQUESTING THE REFUND:**

**NAME OF PARTICIPANT:**

**PROGRAMS BEING CANCELLED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Code** | **Activity Name** | **Activity Date** | **Activity Fee** | **REQUEST** |
|  |  |  |  | * CREDIT ON ACCOUNT
* REFUND
 |

**REASON FOR CANCELLATION AND/OR REQUEST FOR REFUND:**

**SIGNATURE:**

**TO RECEIVE A REFUND:**

* ALL **SUMMER CAMP** MUST BE CANCELLED BY THE FIRST BUSINESS DAY OF APRIL TO BE ELIGIBLE FOR A REFUND.
* ALL **PROGRAMS** MUST BE CANCELLED AT LEAST 2 WEEKS PRIOR TO THE PROGRAM DATE OR THE START OF THE CAMP WEEK.
* THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED AND RETURNED TO HISRA.
* SOME PROGRAMS REQUIRE THE ADVANCE PURCHASE OF TICKETS AND/OR SUPPLIES. IF TICKETS AND/OR SUPPLIES HAVE BEEN PURCHASED FOR THE PROGRAM YOU ARE CANCELLING, YOUR REFUND WILL BE LESS THE AMOUNT OF THESE ADVANCE COSTS.

***PLEASE DROP OFF, MAIL OR FAX THIS TO HISRA***

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| * APPROVED BY HISRA
* REGISTRATION REMOVED FROM THE CLASS SYSTEM
* REFUND AMOUNT: $
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