

Adventure Bound Day Camp

SCHOOL YEAR PROGRAM TRANSFERS / REFUND REQUEST FORM

Please read the Transfers/Cancellations/Refunds policy before completing this form:

Cancellations made less than 10 working days prior to the week your child is scheduled to attend are subject to forfeiture of 50% of the weekly fee.

NO refunds will be given for cancellations made less than 5 working days prior to the week your child is scheduled to attend.

NOTE: Please fill in shaded areas completely; lack of information may delay processing.

Parent/Guardian Name:

Mailing Address:

Day Phone:

City:

State:

Zip:

Participant Name (include last name):

Transfer Cancel

Camp Activity #(s) Enrolled In:

Camp Dates:

Camp Activity # Transferring To (if applicable):

Camp Dates:

Please specify the reason for requesting a transfer or refund.

Please check which you would prefer: Household Credit Refund Check*

****Please allow up to 2 weeks for approved refund requests to be processed.***

Signature:

Date:

Request Received by:

Date Request Received:

FOR CAMP DIRECTOR USE ONLY – DO NOT WRITE BELOW LINE

Camp Activity Fee:

Less Cancellation Fee:

Amount to be Refunded:

Director Initials:

Date Processed:

Questions? Please call (970) 962-2487 or email kelly.rathbun@cityofloveland.org