



CAMPS AND IN/EXCURSION REFUND REQUEST

DATE: _____

STUDENT'S NAME: _____

GRADE: _____

CAMP, IN/EXCURSION: _____

AMOUNT PAID: \$ _____

REASON FOR REFUND: _____

PARENT NAME: _____

SIGNATURE: _____

Office Use Only

Approved: Yes No

Refund Amount: \$ _____

Authorised by: _____

Signature: _____

Date: _____