



Cornell University
Cooperative Extension
Nassau County

Refund Request Form

Return form to:
5 Old Jericho Turnpike
Jericho, NY 11753
516 433 -7970



*Filling out a refund request form it is **not a guarantee of a refund**. Refunds will be processed in accordance with the refund policy. All medical refunds requests must attach a doctor's note. Refunds will be issued in the form of an internal credit or check. Refunds take 4 – 6 weeks to process. In the event that a refund is not issued this form will be returned with reason noted on form. Please read full refund policy on website.*

Participant's Name: _____

Check Payable to: _____

Check Payable Address: _____

Town/City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Finance Department

Check Number: _____

Date: _____

Amount: _____

Requesting Refund for: Description _____

Reason Medical Conflict with school
 Family Vacation Other (please explain)

I, the Parent / Guardian (on file) of the above names participant, request this refund as stated above. I attest the information provided on this form to be true and correct.

Signature: _____ Date: _____

Office Use Only

Denied Not within refund Policy
 Internal Credit

Denied/ Other _____
 Refund Check

Date: _____

Notes: _____

Tuition paid: \$ _____

Additional programs paid: \$ _____

Nonrefundable amount: \$ _____

Charges for usage: \$ _____

Total amount to be refunded: \$ _____

Camp Designee

Executive Director