



## Refund Request Form

All refund requests must be emailed to [Peconicdunescamp@cornell.edu](mailto:Peconicdunescamp@cornell.edu)

You will get an email conformation upon receipt.

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 refund requests must attach a doctor's note. Refunds will be credited to the card used to pay camp fees or held as a credit for the 2024 camp season. Refunds take 2 - 3 weeks to process. In the event that a refund is denied, this form will be returned with the reason noted on form. Please read the full refund policy that was signed during registration and is available on the camp website.

Camper's Name: \_\_\_\_\_

Parent/Guardian Name (Must be listed in registration system): \_\_\_\_\_

Reason for requesting a refund (briefly describe):

Medical \_\_\_\_\_

Conflict with school \_\_\_\_\_

Family Emergency \_\_\_\_\_

Family Vacation \_\_\_\_\_

Other: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**For office use only:**

Refund Denied

Reason for refund denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_