



ROSELLE PARK DISTRICT
CAMP ROSELLE
REFUND REQUEST FORM

Taken By \_\_\_\_\_ Date \_\_\_\_\_

Registrant's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Activity Name \_\_\_\_\_

Activity Number \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Administrative Fee \$ \_\_\_\_\_

Total Refund Amount \$ \_\_\_\_\_

If \$5.00 Fee is waived please explain:

REASON FOR REFUND:

- Schedule Conflict
Medical Excuse
Unhappy with Class
Child Does Not Wish to Attend
Inappropriate Age/Grade
Family Emergency
Other \*
Family Emergency

\*IF OTHER PLEASE EXPLAIN:

CAMP DATE TO REFUND:

Table with 3 columns: Date, Day Camp, AM Care, PM Care. Multiple rows for selection.

Supervisor Approval \_\_\_\_\_

Date \_\_\_\_\_

Refunded By \_\_\_\_\_

Date \_\_\_\_\_