

Refund Application

Reviewed By:

114 State Route 3, Lakeville, OH 44638

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REFUNDS WILL BE CONSIDERED ONLY WHEN THIS APPLICATION IS COMPLETED IN FULL AND ON TIME.

<u>Instructions:</u> Paper applications will only be accepted via e-mail or mail. Do <u>not</u> fax. Applications must be submitted no later than 2 weeks prior to event start date. For mailed applications, the postmarked date must be no later than 2 weeks prior to event start date.

If you were unable to attend a session due to a medical or family emergency (such as a hospitalization or a death in the family), applications must be submitted no later than 2 weeks after the event start date. For medical cases, please include a doctor's note if able.

Please allow up to 2-3 weeks for your application to be processed. Our staff will email you once your application has been reviewed and a decision has been made.				
Event/Registration Information				
Individual Requesting Refund:		Email Address:		
Camper Name:		Event Name:		
Event Date:		Registration Date:		
Payment Method Used (circle one)	Cash	Credit/Debit Card	Check	Money Order
Check Number (if applicable):				
Name on Check or Credit/Debit Card:				
mount Paid:		Refund Amount Requested:		
Please elaborate your circumstance/what is pure of the second of the sec		_	nt. (Feel free t	to use back page.
For Office Use Only				
Date Received:	Date R	eviewed:		
Approved/Declined:	Amour	nt to be Refunded:		

Reason for Refund/Denial: