ROSSELLI WRESTLING CAMP

Refund Request 2018

The \$100 deposit is non-refundable except in the case of injury, illness or mandatory school event. If a cancellation is made for any other reason, tuition will be refunded less the \$100 deposit if the cancellation is made before the first day of camp. Once the camp session has begun there will be no refunds, except in the case of injury or illness. This includes the cancellation of practices due to severe weather. The convenience fee associated with online registration is nonrefundable. All refund requests must be submitted in writing. If the reason for cancellation is due to injury or illness, written documentation from the camper's physician must be provided. If the reason for cancellation is due to mandatory school event, written explanation from a school official (coach, principal or counselor) must be provided. Camp tuitions paid by credit card will be refunded back to the credit card number used as payment. Camp tuitions paid by check, cash or money order will be refunded by a mailed check.

This form MUST be submitted with proper documentation as described above. All refund requests will be processed after July 2, 2018.

| NO REFUND REQUESTS WILL BE ACCEPTED AFTER AUGUST 2, 2018. | | | | |
|---|------------------------------------|-------------------------|-----------------------------|--|
| MAIL: Attn: Rosselli Wrestling, 810 Mossy | EMAIL: rosselliwrestling@gmail.com | | | |
| Camp Session Cancelling: (check one) | | | | |
| Intensive Camp 1 June 23-27 | Freesty June 2 | yle Camp 3-27 | Takedown Camp June 23-27 | |
| Intensive Camp 2 June 27 – July 1 | <u> </u> | Pin Camp 7 – July 1 | Girls Camp June 27 – July 1 | |
| Father & Son Camp June 29-July 1 | | | | |
| Camper Name: | | | | |
| Parent/Guardian Name: | | | | |
| Mailing Address: | | | | |
| City, State, Zip: | | | | |
| Email Address: | | | | |
| Reason for Cancellation: | (Proper documentation must be p | royidad with this form | | |
| Parent/Guardian Signature: | (1 tobot aneamentation mast ne h | novidod With this form. | | |
| OFFICE USE ONLY | | | | |
| Date Received: | | Date Processed: | | |
| Refund Amount: | | Refund by: | CC CK | |
| Approved: | | | | |