

## PETRO LACROSSE CAMPS REQUEST FOR REFUND

Camper's Name
Camp Session(s) and Date
Amount Paid <sup>1</sup>
Reason You Are Requesting a Refund <sup>2</sup>
Name of Person Who Paid Camp Fee
Method of Payment
Street Address
City, State, Zip
Daytime Phone
Email Address

Signature of Person Requesting Refund
Date

**To request a refund, please return this form in its entirety by mail or email to:**  
**Petro Lacrosse Camps**  
**3400 N Charles St.**  
**Baltimore, MD 21218**  
[petrolacrosse@gmail.com](mailto:petrolacrosse@gmail.com)

<b>Amount Paid</b>	<b>FOR CAMP OFFICE USE ONLY</b>
<b>Administrative Fee/Convenience Fee</b>	
<b>Total Refund Amount</b>	
<b>Online Payment Order #</b>	
<b>Camp Office Approval</b>	<b>Date</b>
<b>Camp Director Approval</b>	<b>Date</b>
<b>Date Received</b>	<b>VIA</b>

<sup>1</sup>Please refer to refund policy. Amount paid is not the amount of the refund.

<sup>2</sup>Please attach doctor's note if requesting refund due to medical reason.