

PLC Lacrosse Camps Request for Refund

Campers Name:
Camp Session (s) and Date:
Amount Paid:
Reason For Refund Request:
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 of Request:	

To request a refund, Please return this form in its Entirety

By mail or email to:

**PLC Lacrosse Camps
1465 Hooksett RD Unit 192
Hooksett, NH 03106
p.calkinsjr@gmail.com**

Amount Paid:	
Administrative Fee/Convenience Fee:	
Total Refund Amount:	
Online Payment Order #:	
Camp Office Approval:	Date:
Camp Director Approval:	Date:
Date Received:	Via:

- 1: Please refer to refund policy. Amount paid is not the amount of refund.**
- 2: Please attach doctor's note if requesting refund due to medical reason.**