

CAMPS & CLINICS: REFUND AND TRANSPORTATION POLICIES

COACHES: This form is to be completed and filed with the Compliance Office prior to camp. The availability of refunds and/or airport transportation must be referenced in the camp brochure and copy of the full policy must be attached to this form.

Name of Camp Administrator	Camp/Clinic Name and Dates:
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Deposit Refund Policy

Refunds of camp deposits...

Will be permitted.

Will not be permitted.

If refunds of camp deposits are permitted, please list general circumstances under which a refund might be issued and the amounts which may be refunded:

Camp Fees Refund Policy

Refunds of camp fees...

Will not be permitted.

Will be permitted upon request.

A full refund will be permitted prior to (date): _____

A partial refund will be permitted prior to (date): _____

A full refund will be permitted in the event of an illness/injury ending participation in the camp.

A partial refund will be permitted in the event of an illness/injury ending participation in the camp.

A full refund will be permitted in the event of a family emergency.

A partial refund will be permitted in the event of a family emergency.

If refunds of camp fees are available for any circumstance not listed above, or there are certain restrictions on the circumstances listed above, please explain here:

Transportation Policy

Transportation...

Will not be permitted.

Will be permitted from the airport, train station or bus station upon written request.

Signature of Head Coach/Camp Director	Date
Signature of Compliance Office	Date