



# Adventure Bound Day Camp

## CAMP WEEK TRANSFER / REFUND REQUEST FORM

Please read the Transfers/Cancellations/Refunds policy before completing this form:

**Transfers:** Any and all transfers are dependent on schedule and space availability. Contact the Day Camp Director to inquire.

**Cancellations:** Any and all cancellations are subject to forfeiture of the \$40/week deposit(s).

- Cancellations made less than 10 working days prior to the week your child is scheduled to attend are subject to forfeiture of 50% of the weekly fee.
- NO refunds will be given for cancellations made less than 5 working days prior to the week your child is scheduled to attend.
- ALL refunds approvals are at the discretion of the Sr. Recreation Coordinator and follow the policies outlined above.

**NOTE:** Please fill in the areas below completely; lack of information may delay processing.

Parent/Guardian Name:

Mailing Address:

Day Phone:

City:

State:

Zip:

Participant Name (include last name):

☐ Transfer ☐ Cancel

Camp Activity #(s) Enrolled In:

Camp Dates:

Camp Activity # Transferring To (if applicable):

Camp Dates:

Please specify the reason for requesting a transfer or refund:

Refund Method\*: ☐ Household Credit ☐ Refund to Credit Card Used for Purchase ☐ Refund Check

**All refunds will first and foremost go towards any outstanding ABDC balances.**

**\*Please allow up to 2 weeks for approved refund requests to be processed.**

Signature:

Date:

Request Received by:

Date Request Received:

### **FOR CAMP DIRECTOR USE ONLY – DO NOT WRITE BELOW LINE**

Camp Activity Fee:

Less Cancellation Fee:

Amount to be Refunded:

Director Initials:

Date Processed:

**Questions?** Please call (970) 962-2467 or email [kaity.felsheim@cityofloveland.org](mailto:kaity.felsheim@cityofloveland.org)