

River Valley Special Recreation Association Refund Request Form

RVSRA understands issues may arise from time to time when it comes to the ability to attend a program you are registered for. Full refunds will be provided if requested at least **7 days** prior to the program start date, unless RVSRA has already incurred expenses related to the program (tickets, staffing, etc.)

To request a refund for a program, please complete the form below. Return the form to the office or via email at support@rivervalleysra.com. Contact support@rivervalleysra.com with any questions.

Participant Name: _____ Phone Number: _____

Parent/Guardian Contact Email: _____

Name of Program (you are requesting refund for): _____

Date(s) of program you are requesting refund for: _____

Reason for Refund Request (check one):

☐ Illness/Medical (doctor's note may be required)

☐ I am relocating

☐ Other: _____

If granted a refund, please issue my refund via (check one):

☐ Apply toward balance or add to my Ultra Camp account

☐ Credit card used at time of payment (\$10 fee may apply if cancellation was not due to low enrollment)

☐ Check (\$10 fee may apply if cancellation was not due to low enrollment)

Additional comments or questions: _____

FOR OFFICE USE ONLY:

Refund Amount Granted: _____

Issue the refund via:

☐ Credit card (w/ \$10 service fee)

☐ Check (w/ \$10 service fee)

☐ Apply toward balance or add to Ultra Camp account