



SumerCITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS



GRIFFITH PARK BOYS CAMP

Summer Camp

Request for Refund

Payee Name: _____

Address: _____

Phone Number: _____ Email Address: _____

PROGRAM ENROLLED IN:

Participant's Name: _____ Receipt Number: _____

Additional Participants: _____

- Session 1 Session 2 Session 3 Session 4 Session 5 Session 6
- Session 7 Session 8

REASON FOR THE REFUND: _____

Full refunds are **only** issued when the Camp cancels the activity. All cancellations must be in writing. Refunds take 6-8 weeks, after request is received. Registration fee will be refunded as follows: minus \$50.00 per person with two (2) weeks or more notice; minus \$75.00 per person with less than two weeks' notice. Cancellation deadline is 12:00 pm on the Thursday prior to the week registered for. There will be no refunds for **FAILURE TO SHOW**.

Payee Signature: _____ Date: _____

OFFICE USE ONLY	
Date Processed: _____	Amount Refunded: _____
Comments: _____	
Approved: _____	