

TUCKER LACROSSE CAMPS REQUEST FOR REFUND

Camper's Name
Camp Session(s) and Date
Amount Paid ¹
Reason You Are Requesting a Refund ²
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

**To request a refund, please return this form in its entirety
by mail or email to:
Tucker Lacrosse, LLC
917 Metfield Rd.
Towson, MD 21286
Tuckerlax4@gmail.com**

Amount Paid	FOR CAMP OFFICE USE ONLY
Administrative Fee/Convenience Fee	
Total Refund Amount	
Online Payment Order #	
Camp Office Approval	Date
Camp Director Approval	Date
Date Received	VIA

¹Please refer to refund policy. Amount paid is not the amount of the refund.

²Please attach doctor's note if requesting refund due to medical reason.