

DECKER LACROSSE LLC REFUND REQUEST FORM

Please email this form in its entirety to tcoyle@hartford.edu
Please note that the amount of the refund is not the amount paid, see
refund policy for details.

*If medical refund is being requested, please attach doctor's note along
with RRF.

CAMPER'S FULL NAME:	
CAMP NAME AND DATE:	
REASON FOR REFUND:	
METHOD OF PAYMENT:	
DATE OF PAYMENT:	
ADDRESS:	
FULL NAME OF PERSON RESPONSIBLE FOR PAYMENT:	
PHONE NUMBER:	