

2012 Camp Sacramento Refund Request Form

** This is only a request for refund. The only staff that are allowed to approve refunds are the Business Manager, Camp Manager, and Superintendent.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Session: _____ Cabin Number(s): _____

Reason for request before camp:
 Unable to attend due to illness (Provide doctor note)
 Unable to attend due to death in family (Provide Proof)
 Unable to attend due to financial hardship
 Other: _____

Reason while at camp:
 Individual unable to attend
 Unable to attend due to illness
 Unable to attend due to death in family
 Other: _____
 Left during camp session

Notes

Official Use: Camper Name: _____ Check-in Date: _____ Check-out Date: _____

A \$35.00 processing fee, will be assessed on all approved refunds.

Deposits are **non refundable** unless the cabin is rebooked prior to the start of the session. Deposits are transferable within the current camp season.

Please send Request form to:

Camp Sacramento
2450 Meadowview Road
Sacramento, CA 95832

OR

Email: campsacramento@cityofsacramento.org

Fax: 916-808-4060

Received By: _____	Date Received: ___/___/___
Approved By: _____	Date Approved: ___/___/___
Processed By: _____	Date Processed: ___/___/___