



## 2018 Camp Sacramento Refund Request Form

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

Name on Reservation : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Session: \_\_\_\_\_ Cabin Number(s): \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

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

Please note: Once received, approved refunds may take up to 8 weeks from date of initiation to be mailed from City of Sacramento.

\*\*Deposits are non refundable. Deposits are transferable within the current camp season.\*\*

Please send completed request form to:

Camp Sacramento REFUND REQUEST  
2450 Meadowview Road  
Sacramento, CA 95832

-OR-

[CampSacramento@CityofSacramento.org](mailto:CampSacramento@CityofSacramento.org)  
SUBJECT:REFUND REQUEST

Date sent for processing:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes: Internal Use Only