



**The University of Pittsburgh
Pitt Sports Camps
Refund Request form**

Camper's name _____

Sport _____

Camp Session(s) and Date(s) _____

Amounts Paid¹ _____

Reason you are requesting a refund² _____

Name of person who paid camp fee _____

Method of payment (if credit card, please do not provide the card number here.) _____

Street Address _____

City, State, Zip _____

Daytime phone (include area code) _____

Email address _____

Signature of person requesting refund _____ Date _____

In order to request a refund, please return this form, completed in its entirety, by mail or email to:

**Pitt Sports Camps
3719 Terrace Street
Pittsburgh, PA 15261
Pittsportscamp@athletics.pitt.edu**

Amount Paid	_____	
Administrative Fee and/or Non-Refundable Deposit	_____	FOR CAMP OFFICE USE ONLY
Total Refund Amount	_____	
On-line payment order number	_____	
Camp Office Approval	_____	Date _____
Camp Director Approval	_____	Date _____

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

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