



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.