



Refund Request

Summer 2024

Your refund request can either be submitted in person at camp or sent by email to administration@profaqua.ca

- We will only refund entire weeks.
- This Refund Request must be received at least 10 days before the beginning of the week you are canceling to be eligible for a refund.
- Refunds are made by credit card or e-transfer within 30 business days of receipt of this form.
- A 10 percent administrative fee will be charged for all cancellations.

Name of registered camper:

Reason for cancellation:

I wish to cancel my child's registration for the following program(s):

Program: Sciences and robotics	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August
Program: Multi-sports	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August
Program: Arts	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August
Program: Cooking	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August
Program: English immersion	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August
Program: Counselor in Training	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August
Day care service	<input type="checkbox"/> Week 1 from the 2 nd to 5 th of July <input type="checkbox"/> Week 2 from the 8 th to 12 th of July <input type="checkbox"/> Week 3 from the 15 th to 19 th of July <input type="checkbox"/> Week 4 from the 22 nd to 26 th of July	<input type="checkbox"/> Week 5 from the 29 th of July to 2 of August <input type="checkbox"/> Week 6 from the 5 th to 9 th of August <input type="checkbox"/> Week 7 from the 12 th to 16 th of August

Name of the person to whom the cheque will be addressed to: _____ Phone number: _____

Date: _____ Signature: _____

Reserved for Administration

Received by: _____ Date: _____ Sent by email In person Admin. Corrections

Processed by: _____ Date: _____

Calculation: _____