

NEICSC CAMP REFUND REQUEST

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name of camper: _____

Week of camp: _____

Amount paid: _____

Date of request: _____

Amount of request: _____

Church name & portion of registration (if any) _____

Reason for not attending or completing:

Mail to:

**NEICSC c/o Rob Perry
807 West Main
Fertile, IA. 50434**

NOTE: This form is used to request a refund for a camp that someone has paid for and was unable to attend, or had to leave early, for a reason beyond their control. The refund, if any, will be pro-rated and determined by the Camp Treasurer and Executive Board. Please allow up to 30 days for the refund request to be processed.