

TENNESSEE VOLLEYBALL CAMP

REFUND REQUEST FORM

Method of registration dictates how TNVB Camp will administer your refund.

*Please review the all information below as well as the Refund Policy on our website (www.tennesseesportcamps.com) in detail before submitting this form. Refund requests caused by medical conditions must be accompanied by an official doctor's note. Requests without proper documentation will not be considered.

ONLINE

Participants who enrolled online will receive their refund amount via credit directly back to their card.

PAPER

Participants who enrolled by mail will receive their refund amount via check issued by the University.

CAMPER NAME: _____

PARENT(s)/LEGAL GUARDIAN(s) NAME: _____

FULL MAILING ADDRESS: _____

PHONE: () - _____

EMAIL: _____

REGISTERED CAMP(s): _____

REGISTRATION METHOD: ONLINE | PAPER _____

AMOUNT PAID TO DATE: _____

PAYMENT INFORMATION: LAST 4 DIGITS of PURCHASING CARD: | _____

CHECK #(s): _____

CAUSE FOR REFUND*:

SIGNATURE OF PURCHASER _____

DATE: _____

Please return a fully executed copy of this form along with appropriate documentation to the TNVB Camp Offices.

MAIL:

Tennessee Volleyball Camp
2321 Stephenson Drive
Joan Cronan Volleyball Center
Knoxville, TN 37916

SCAN & EMAIL

ATTN: Camp Director
SUBJECT: Camp Refund Request – Your Name
volleyball@utk.edu

OFFICIAL USE ONLY

ARRIVAL DATE: _____

REFUND GRANTED: YES | NO _____

PROCESS DATE: _____

GROUNDS: _____

REFUND AMOUNT: _____

ADMINISTRATIVE FEE: _____

PROJECTED REFUND ARRIVAL: _____

DIRECTOR SIGNATURE: _____

DATE: _____