UNIVERSITY of HOUSTON

CAMPUS RECREATION

Refund Request Form

Please note, this is a request only, completion of this form does not guarantee a refund. UH Camp Administration will review your request based on our guidelines listed at www.uh.edu/summercamps

Account Information

Last Name	First Name	Middle Initial	UH ID (if applicable)	
Mailing Address		City, State, and Zip	Email Address	
Check One:	UH Student UH Faculty/Staff	(CRWC member)	UH Faculty/staff (non-member) Community	
Requesting a	Refund For: (please check a Week 1: 6/6-6/13 Week 2: 6/13-6/20 Week 3: 6/20-6/27 Week 4: 6/27-7/1 Week 5: 7/11-7/15		Method of Payment: Check Cash Credit Card	
	Week 6: 7/18-7/22 Week 7: 7/25-7/29 Week 8: 8/1-8/5	Expiration	Date:	
Refund Policy All refund required below.		writing and received by UH Cam	p Administration by the dates	
Refund Amount Request must be		e received		
1009	•	May 1st by 5pm		
75% May 1st - May 15		5th by 5pm		
, , , , , , , , , , , , , , , , , , , ,		No later than 15 business days b	pefore purchased session begins	
		ess days of purchased session	-	
		the first Monday of session or w	eek	
Purchases ma	aid by credit card will be cre de by check or cash will be r	dited immediately upon approva	al by UH Camp Administration. n four to six weeks after approval	
Comments:				