

Camp Seal, Inc.
Withdrawal Request

Date _____ **Camp Week** _____

Parent Name _____ Child's Name _____

Address _____ City _____ Zip _____

Reason for Cancellation **Comments:**

- Scheduling Conflict
- Vacation
- Financial
- Illness/Injury
- Dissatisfied
- Other

Signature: _____ Date: _____

Withdrawal forms must be received 14 days prior to the week of withdrawal for a full refund. Withdrawal forms received less than 14 days prior to the week of withdrawal will result in a \$75.00 withdrawal fee per child, with the remaining payment refunded. If your child is withdrawn after the start of a week the entire payment will be forfeited.