



REFUND REQUEST FORM

Summer Camps 2026 – Town of Shediac

The date the COMPLETE form is received is the official date. This form may be submitted in person or by email to camps@shediac.ca. No verbal or phone requests are accepted.

1 — Parent / Legal Guardian Information

Full name *

Phone number *

Email address *

2 — Child Information

Child's full name *

Date of birth / Age

3 — Registration Details

Invoice number * (required)

Registration date *

Camp name / week *

Camp start date

4 — Reason for Request

Select the main reason:

- System error at the time of registration (request submitted within 48 hours of registration)
- Voluntary cancellation (14 days or more before camp start date)
- Exceptional reason — please specify below:

Nature of the exceptional reason:

- Serious illness or hospitalization of the child
- Major accident preventing participation
- Death of an immediate family member



- Unforeseen relocation outside the region
- Measure imposed by a public authority
- Other:

Detailed description (required if exceptional reason):

5 — Supporting Documents Included

Check all documents included with this form:

- Medical certificate (if medical reason)
- Proof of relocation
- Notice from public authority
- Other supporting document: _____
- No documents attached (system error or voluntary cancellation within the deadline)

6 — Declaration and Signature

I declare that the information provided is accurate and complete.
I understand that:

- No camp or week exchanges are permitted.
- Submitting this form does not guarantee a refund will be granted.
- All decisions made by the administration are final.
- Incomplete requests will be returned without review.
- This form may be submitted in person or by email to camps@shediac.ca.

I have read and agree to the conditions above. *

Signature of parent / legal guardian *

Date *

FOR OFFICE USE ONLY		
Date received: _____	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____	Initials / Signature: _____