

DATE: _____

Academy Refund Policy:

All refund requests for CASL Academies must be made in writing. There will be a 5% administrative fee deducted from the total requested refund amount. All refunds will be issued in the form of a check 7 to 14 days following the receipt and approval of request.

Once the first day of any camp or academy has started no refunds will be issued.

Participant Name: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Mobile Phone: _____

Academy Registered for: (Date/Location/Name of Academy)

Amount Paid: \$ _____ Payment Method: Credit Card CASH Personal Check

Reason for Refund Request:

Send Refund to the above address:

Send refund to the following address:

This form can be mailed to:

CASL Academy Refund Request
Attention: Zana Sugg
3300 Women's Club Drive
Suite, 1
Raleigh, NC 27612

Or faxed to:

919-834-4369
CASL Academy Refund Request
Attention: Zana Sugg

Official Office Use Only!

Payment Verified: _____

Refund Amount: _____

Date Refund Issued: _____

Check Number: _____