



The Ohio State University
 Buckeye Sports Camps
 Refund Request Form



Camper's Name _____

Sport _____

Camp Session(s) and Date(s) _____

Amount paid¹ _____

Reason you are requesting a refund² _____

Name of person who paid camp fee _____

Method of payment (If credit card, please do not provide the card number here.) _____

Street Address _____

City, State, Zip _____

Daytime phone (include area code) _____

Email address _____

Signature of person requesting refund _____ Date _____

In order to request a refund, please return this form, completed in its entirety, by mail, fax, or email to:

**Buckeye Sports Camps
 Fawcett Center, 7th Floor
 2400 Olentangy River Rd
 Columbus, OH 43210
 Fax No. 614-292-5075
Buckeyecamps@osu.edu**

Amount Paid	_____	FOR CAMP OFFICE USE ONLY
Administrative Fee and/or Non-Refundable Deposit	_____	
Total Refund Amount	_____	
On-line payment order number	_____	
Camp Office Approval	_____	Date _____
Camp Director Approval	_____	Date _____

¹ Please refer to camp brochure for refund policy. Amount paid is not the amount of the refund.

² Please attach a doctor's note if requesting refund due to medical reason.