

## REFUND REQUEST FORM

Group Name: \_\_\_\_\_ Trip ID: \_\_\_\_\_

Tour Participant Name: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Scholastica Travel Inc, Refund Request Dept. 601 South Main Street, Greensburg, PA 15601

## CANCELLATION POLICY

Please see your group leader for cancellation and refund policy specifics. All refund requests must be signed and approved by the group leader to be processed. Your refund request will be evaluated by the postal cancellation date on you letter or the date of your fax. Please allow 30 days for processing.

Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use Only*

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Sent: \_\_\_\_\_

Reason: \_\_\_\_\_