

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:** _____

For Office Use Only

Date: _____

Check Number: _____

Amount Sent: _____

Reason: _____