

REFUNDREQUESTFORM

Group Name:	Trip I	D:
Tour Participant Name:	Trip [Oate:
Destination:	Canc	ellation Date:
Amount Paid:		
Reason for Cancellation:		
Make Check Payable to:		
Mailing Address:		
City:	State:	Zip Code:
Signature		Date:
Mail to: Scholastica Travel Inc, Refund	O A NOTE LA TION DOLLO	NV
Please see your group leader for o	leader to be processed. You	Y specifics. All refund requests must bur refund request will be evaluated by c. Please allow 30 days for processing
Please see your group leader for o signed and approved by the group the postal cancellation date on you	cancellation and refund policy bleader to be processed. You u letter or the date of your fax	specifics. All refund requests must bur refund request will be evaluated by
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- Scholastica Travel Inc. 601 S. Main Street Greensburg, PA 15601 724-837-4600 Fax 724-837-4664 scholasticatravel.com