



## CANCELLATION / REFUND REQUEST FORM

(Please Print or Type)

School Name:

Who check is to be made out to:

Phone:

Advisor:

Home Phone:

Email:

Address to where check is to be sent:

Hotel Name:

Number of **Cancelled Rooms**:

Singles:

Doubles:

Total Cancelled Rooms:

Refund Amount:

I, \_\_\_\_\_ certify that room cancellations were made on  
or before **April 20, 2017**.

\_\_\_\_\_  
**Signature (Advisor)**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_, acknowledge receipt of this form, and will make  
the necessary adjustments.

\_\_\_\_\_  
**Signature (Hotel Representative)**

\_\_\_\_\_  
**Date**

**FOR REFUND PAYMENT:** Submit completed form to Midge McCloskey, 21 Pine Knoll  
Drive, Rochester, NY 14624. Deadline for ALL refund requests is June 15<sup>th</sup>.

- **NOTE:** Refunds will only be paid to the schools meeting the **April 20<sup>th</sup>** cancellation deadline date. This form must be filled out completely and turned in at the time of the requested refund. Cancellations after the deadline due to extenuating circumstances, (personal illness, death in family, etc.) must be properly documented and submitted in writing to Midge McClosky.

**ADVISOR:** Please maintain 1 copy for submission at the time of the refund request, along with your original rooming forms.

**HOTEL PERSONNEL:** Please maintain a copy for your files, and return (fax or mail) the SIGNED form to the advisor.