



(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:

Triples:

Total Cancelled Rooms:

Refund Amount:

I,  
or before **April 13, 2026**.

certify that room cancellations were made on

**Signature (Advisor)**

**Date**

I,  
necessary adjustments.

, acknowledge receipt of this form, and will make the

**Signature (Hotel Representative)**

**Date**

**FOR REFUND PAYMENT:** Submit completed form to Rachael Piccolo, 21 Pine Knoll Drive, Rochester, NY 14624.

**NOTE:** Refunds will only be paid to the schools meeting the April 13th 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, (accident, death in family, etc.) must be properly documented and submitted in writing to Midge McClosky by April 21, 2026. **HOTEL MUST SIGN THE FORM**

**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 email the SIGNED form to the advisor.