

## SMARTS Refund Request Application

**Note: SMARTS Summer Institute Refund requests will be considered after the close of the program. You will receive confirmation of your submission or information on the refund after this date. Mail form to SMARTS P.O Box 356, Attleboro, MA 02703**

**SMARTS Summer Institute Refund Request Application and doctor's note must be received on or before September 1, 2019. Refund requests received after September 1, 2019 will not be considered.**

**Please complete the information below**

Date

\_\_\_\_\_

Program

\_\_\_\_\_

Child's First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Parent's First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Email Address

\_\_\_\_\_

Home/Cell Phone

\_\_\_\_\_

Reason for refund request