

Reserve place Request Refund Form

Reserve place payments are nonrefundable within less than 30 days of the Gift Week event. We will review requests with less than 30 days of the event for extenuating circumstances.

Name: _____ Date: _____

Payment method and date: _____

Payment amount: _____

I am requesting Gift Academy Inc.'s Consideration for a refunding of my reserve place payment or refund of unused balance minus administration fee for the following reason(s):

() Medical reasons. Please provide information about illness, including dates and or Dr. notes.

() Employment loss, revocation of vacation or time off.

() Death or medical emergency in family

() Other: Please provide detailed explanation for consideration and supporting documentation.

Note: All Reserve Place payments are nonrefundable, but upon complete submission of this form and appropriate documentation the management will consider unused balance refund minus administration fees based on extenuation circumstances. Submission of this form does not guarantee a refund. Please allow up to 30 days for Processing.

Signature: _____