



Falls Reserve Conservation Area

Overnight Camper Refund Request Form

Campers Contact Information

| | |
|---------------------------|--|
| Booking/Reference Number: | |
| Campground Name: | |
| Site Number: | |
| Name (First & Last): | |
| Address: | |
| Phone Number: | |
| Email: | |

General Information

Date of request for refund: Campsite Arrival Date:

| | |
|--|--|
| | |
|--|--|

Number of nights paid for: Number of requested nights for refund:

| | |
|--|--|
| | |
|--|--|

Reason for requested refund:

| | | |
|-------|-------------|------------|
| Date: | Print Name: | Signature: |
|-------|-------------|------------|

| | | |
|--------------------------------|----------------|------------|
| Administrative Use Only | | |
| Refund Approved | Reason | |
| Refund Amount \$ | | |
| Refund Denied | Reason: | |
| Date: | Print Name: | Signature: |

Refund Processing Information

Credit Card Number:

| | |
|----------------------|------------|
| Credit Card # | |
| Date: | Signature: |