

## REFUND REQUEST FORM

*Your refund request will be evaluated by the postal cancellation date on your envelope or the date of your email or fax.  
All refund requests must be signed and approved by the group leader to be processed.  
Please allow 30 days after tour completion for processing.*

To view Scholastica Travel's Cancellation Policy, please visit: <https://scholasticatravel.com/terms-and-cancellation-policy-2/>

**Group Name:** \_\_\_\_\_ **Trip ID:** \_\_\_\_\_

**Tour Participant Name:** \_\_\_\_\_ **Trip Departure Date:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Make Refund Payable to:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Group Leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit your Refund Request to Scholastica Travel by:

- Mail: Scholastica Travel Inc, 601 South Main Street, Greensburg, PA 15601
- Scan and Email: [refund@scholasticatravel.com](mailto:refund@scholasticatravel.com)
- Fax: 724-837-4664

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*For Office Use Only*

**Cancellation Date:** \_\_\_\_\_ **Date Refund Issued:** \_\_\_\_\_

**Check Number or Transaction ID:** \_\_\_\_\_

**Amount Sent:** \_\_\_\_\_

**Reason:** \_\_\_\_\_