

QUESTIONS? Call us at 870.867.4131

STEP 1	Original Order # (if availab	ole):				
ORIGINALLY PURCHASED BY: NAME: ADDRESS: CITY, STATE, ZIP: PHONE NUMBER: EMAIL: Please select one of the following options: Exchange for another item(s) Reimburse my original method of payment Put amount of refund in child's store acount Child's name:			NAME:	SEND REFUND OR EXCHANGE TO: (If different from left) NAME:		
			CITY, STATE, ZIP: _ PHONE NUMBER:			
			Camp Ozark Store	Attn: STORE RETURN Attn: STORE EXCHANGE 155 Camp Ozark Dr. 155 Camp Ozark Dr.		
STEP 2	- RETURNS In the form	n below, pleas	se indicate the item(s) you're re	eturning, including re	eason code	
REASON CODE				PRIC	E	
REASON CODES	QU - quality unsatisfactor WI - wrong item shipped EXCHANGES In the	☐ TL - to	oo large	ordered wrong size ot as pictured d like exchanged		
REASON CODE	ORIGINAL ITEM	PRICE	NEW ITEM V	VANTED	PRICE	
		-				
STED 4	- METHOD OF PAY	MENT				
	CE & PAYMENT INFORM					
A method of you	of payment is needed for th ur return.	ie return po	ostage fee and if the total c	of your exchange	exceeds the	
CREDIT CARE	INFORMATION: (Choose one)	VISA I	MASTERCARD DISCOVER			
	RD NUMBER:			SECURITY CO	DE:	
	ARD:					
SIGNATURE:						