



PRODUCT RETURN

Customer Name: _____

Invoice No. (found on receipt): _____

Purchase Date:	
Date Product is being shipped for return:	
Reason for Return:	
Are you returning the product in the same condition you received it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By checking this box, I understand the product I am returning must be in the original condition I received it. I must ship the product for return within 10 days after receiving it. Once the return is received by Hide and Seek Ministries and is found to meet this criteria, I will receive my refund through the original form of payment (minus shipping costs).

Return Shipping Address:

Hide and Seek Ministries
500 W. Chestnut Expy #1835
Springfield, MO 65801

Return this completed form with the product being returned or email the completed form to contact@hsm4kids.com.

If you have questions, you may email us at: contact@hsm4kids.com.