



REQUEST FOR SUMMER CAMP REFUND

REFUND POLICY: All refunds must be requested on a Summer Camp Refund form by email to summercamp@brec.org or by fax: 225-273-6407. **A refund request must be submitted a minimum of 10 business days prior to the start of the session.** The full session fee will be refunded minus a \$15 transaction fee. Unfortunately, a refund will not be available for a session in progress. The date printed on the refund request (email or faxed) determines if a refund is granted. All checks must clear the bank before any refunds are processed. Please allow 3 - 4 weeks for a refund to be issued.

Date _____
Camp Location _____
Camper's Name _____
Payee Name if different from Parent or Guardian _____

**All refunds will be issued via check according to receipt payee.

Phone # _____ Work or cell phone #: _____
Address _____ City _____ Zip _____
Email Address _____

Form of Payment that was used: (Check One)

Cash _____ Check _____ Credit Card: _____
M/C _____ VISA _____ DISCOVER _____ Last 4 digits of credit card # _____

Receipt # _____ Paper Receipt _____ RecTrac _____
WebTrac (online) _____

Did camper receive Financial Assistance Yes _____ No _____

Check which session(s) you are requesting a refund: (You are responsible for correct dates)

- | | |
|----------------------------------|------------------------------------|
| └ Session – 1: June 4 – June 8 | ** Refund request is due by May 21 |
| └ Session - 2: June 11 – June 15 | ** Refund request due by May 28 |
| └ Session - 3: June 18 – June 22 | ** Refund request due by June 4 |
| └ Session – 4: June 25 – July 29 | ** Refund request due by June 11 |
| └ Session – 5: July 2 – July 6 | ** Refund request due by June 18 |
| Closed July 4th | |
| └ Session – 6: July 9 – July 13 | ** Refund request due by June 25 |
| └ Session – 7: July 16 – July 20 | ** Refund request due by July 2 |
| └ Session – 8: July 23 – July 27 | ** Refund request due by July 9 |

Signature _____ Date _____

For Administration use only: Date refund form received _____

Deposit Date: _____

Amount: \$ _____ minus Transaction Fee \$15 = Refund Due \$ _____

Cost Center: _____ .5522

Completed By: _____

Date: _____

Program Coordinator _____

Date: _____

Asst. Director/ Director _____

Date: _____

Finance _____

Date: _____