



REQUEST FOR SUMMER CAMP REFUND (2024)

Revised 02/01/2024

REFUND POLICY: All refunds must be requested on a Summer Camp Refund form by email to summercamps@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 approved for a session in progress. The transmittal date 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. Refunds may not be approved if the session space cannot be filled.

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

****All refunds will be issued to the RecTrac receipt payee. ****

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

Form of Payment that was used: (Check One) Cash _____ Check _____ Credit Card _____
Last 4 digits of credit card # _____ Receipt # _____
Did camper receive Scholarship? (Check One) Yes _____ No _____

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

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Session beginning May 28 | ** Refund request due by May 13 |
| <input type="checkbox"/> Session beginning June 3 | ** Refund request due by May 20 |
| <input type="checkbox"/> Session beginning June 10 | ** Refund request due by May 27 |
| <input type="checkbox"/> Session beginning June 17 | ** Refund request due by June 3 |
| <input type="checkbox"/> Session beginning June 24 | ** Refund request due by June 10 |
| <input type="checkbox"/> Session beginning July 1 | ** Refund request due by June 17 |
| <input type="checkbox"/> Session beginning July 8 | ** Refund request due by June 24 |
| <input type="checkbox"/> Session beginning July 15 | ** Refund request due by July 1 |
| <input type="checkbox"/> Session beginning July 22 | ** Refund request due by July 8 |
| <input type="checkbox"/> Session beginning July 29 | ** Refund request due by July 15 |

Reason for refund request _____

Signature _____ Date _____

For Administration use only:

Date refund form received: _____ Deposit Date: _____
Amount Paid \$ _____ minus Transaction Fee \$ _____ = **Refund Due \$** _____
Completed By: _____ Date: _____
Coordinator/Manager: _____ Date: _____
Asst. Director/ Director: _____ Date: _____

Notes: _____

