



RECREATION AND PARK COMMISSION
FOR THE PARISH OF EAST BATON ROUGE

REQUEST FOR DAY CAMP AND/ OR EXTENDED CARE REFUND

REFUND POLICY: ALL Refunds must be requested on a Day camp/Extended Care Refund form by email to daycamp@brec.org or by fax: 225-273-6407. **If a refund request is made 10 business days or more prior to the start of the session, the full session fee minus a \$10.00 transaction fee will be issued. If a refund request is made within 10 days of the start of the session, 1/2 of the session fee will be issued. NO REFUND WILL BE GIVEN FOR ANY SESSION ALREADY IN PROGRESS.** Refund Request for extended care only will be assessed a \$2.00 transaction fee. All refund fees are based on each transaction. Email or fax printed dates are sole factor in qualifying on refund dates. All checks must clear bank before any refunds are processed. Please allow 2 - 4 weeks for refunds or credit back to the credit card. If you do not have a computer, you may go to a day camp site and request for a Day Camp/ Extended Form or you may submit in writing by email or fax. All refund request must contain the following information in order to be processed: parent's name, child's name, phone number where you may be reached, camp site, session dates, and whether you paid in person or on-line.

Date _____

Camp Location _____
(example: Highland Road Camp or Highland Road Observatory Camp)

Camper's Name _____ Parent or Guardian Name _____

Payee Name if different from Parent or Guardian _____ Phone # _____

Address _____ City _____ Zip _____

Phone #: _____ Work or cell phone #: _____

Check one below:

_____ Day Camp Refund _____ Extended Care Refund _____ Both Day Camp / Extended Care Refund

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

- Session - 1 June 1 – 5; Session - 2 June 8 – 12; Session - 3 June 15 – 19; Session - 4 June 22 – 26
- Session - 5 June 29 – July 2; Session - 6 July 6 – 10; Session - 7 July 13 – 17; Session - 8 July 20 – 24

Facility Receipt / RecTrac or WebTrac (one line registration) Receipt # _____

Signature _____ Date _____

All refunds must be cleared through finance for refunds.

For Administration use only:

FAR # _____ Receipt # _____ or RECTrac # _____ Web Trac # _____ Deposit Date: _____

Amount: \$ _____ minus \$ _____ Administration Fee = \$ _____

*Last four digits of credit card # _____ Credit Card: M/C _____ VISA _____ AM/EXP _____ DISCOVER _____

* Not necessary for FAR refunds.

Completed By: _____

Asst. Director/ Director _____

Finance _____

Check Transaction:

<input type="checkbox"/>	Check Request Sheila / Rhonda
<input type="checkbox"/>	Rec Trac Check/ Cash Sheila / Rhonda
<input type="checkbox"/>	Rec Trac Credit Card Natalie
<input type="checkbox"/>	Web Trac IT / Natalie