



REQUEST FOR SUMMER CAMP REFUND

Revised 03.15.2021

REFUND POLICY: All refunds must be requested on a Summer Camp Refund form by email to summercamp@brec.org or bring to your summer camp location. **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. A refund will not be approved for a session in progress. All checks must clear the bank before any refunds are processed. Please allow 3 - 4 weeks for a refund to be issued.

****Please print legibly.**

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 _____

Contact 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:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Session beginning June 1 | ** Refund request due by May 11 |
| <input type="checkbox"/> Session beginning June 7 | ** Refund request due by May 24 |
| <input type="checkbox"/> Session beginning June 14 | ** Refund request due by May 31 |
| <input type="checkbox"/> Session beginning June 21 | ** Refund request due by June 7 |
| <input type="checkbox"/> Session beginning June 28 | ** Refund request due by June 14 |
| <input type="checkbox"/> Session beginning July 5 | ** Refund request due by June 21 |
| <input type="checkbox"/> Session beginning July 12 | ** Refund request due by June 28 |
| <input type="checkbox"/> Session beginning July 19 | ** Refund request due by July 5 |
| <input type="checkbox"/> Session beginning July 26 | ** Refund request due by July 12 |
| <input type="checkbox"/> Session beginning August 2 | ** Refund request due by July 19 |

Reason for Refund: _____

Signature _____

Date _____

For Administration use only:

Date refund form received: _____ Who received the form/Date: _____

Deposit Date: _____

Amount Paid \$ _____ minus Transaction Fee \$ _____ = **Refund Due \$** _____

GL Code: _____

Completed By: _____

Date: _____

Coordinator/Manager: _____

Date: _____

Asst. Director/ Director: _____

Date: _____

Finance: _____

Date: _____

Notes: _____
