



REQUEST FOR SUMMER CAMP REFUND

Revised 01/31/2022

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 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.

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 31 | ** Refund request due by May 17 |
| <input type="checkbox"/> Session beginning June 6 | ** Refund request due by May 23 |
| <input type="checkbox"/> Session beginning June 13 | ** Refund request due by May 30 |
| <input type="checkbox"/> Session beginning June 20 | ** Refund request due by June 6 |
| <input type="checkbox"/> Session beginning June 27 | ** Refund request due by June 13 |
| <input type="checkbox"/> Session beginning July 4 | ** Refund request due by June 20 |
| <input type="checkbox"/> Session beginning July 11 | ** Refund request due by June 27 |
| <input type="checkbox"/> Session beginning July 18 | ** Refund request due by July 5 |
| <input type="checkbox"/> Session beginning July 25 | ** Refund request due by July 11 |
| <input type="checkbox"/> Session beginning August 1 | ** Refund request due by July 18 |

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: _____
Finance: _____	Date: _____

Notes: _____

